ANNUAL REPORT 2011-2012

Saskatoon Health Region

Table of Contents

Letter of Transmittal 3

Introduction 4

At a Glance 5

Overview 6

Saskatoon Health Region Voices 8

The wheels on the health bus 8
Building sustainable health care in Saskatchewan 10
Sooner, safer smarter surgery in Saskatchewan 12
Children's Hospital of Saskatchewan: Next steps 14
Central Laundry staff transition to other positions 16
Client and Family Centred Care in the Region 18
Collaboration and Coordination: 3sHealth 20

Alignment with Strategic Direction 21

Factors, trends and opportunities 23

Governance 30

Progress in 2011-12 32

Strategic Direction: Transform the Care and Service Experience & Partner to Improve the Health of the Community 32

Access: Providing timely and coordinated care and service 32
Efficiency: Making the best use of resources by reducing waste of equipment, supplies, ideas, and energy 36
Effectiveness: Doing the right thing to achieve the best possible results 37
Safety: Eliminating preventable harm to patients from care that is intended to help them 39
Client-Centred: Placing clients and families first 40
Equity: Providing care that does not vary because of personal characteristics and circumstances 41

Strategic Direction: Transform the Work Experience 42

Occupational Health and Safety: The degree to which the risks to employees' physical health, safety and environment have been eliminated 42
Health and Lifestyle Practices: The degree to which healthy lifestyles are enabled and supported in the work environment and practiced by employees 43
Supportive Workplace: The degree to which employees are able to use their talents and resources fully while enjoying their work and workplace relationships 44

Strategic Direction: Transform the Work Experience and Transform the Care and Service Experience 45

Learning: The degree to which individuals obtain, create, share and apply knowledge in order to improve the work environment and improve personal and organization effectiveness 45

Strategic Direction: Build a Sustainable Integrated System 46

Resource Allocation: The extent to which resources are being utilized appropriately and efficiently (resource mix) 46
Financial Capacity: The ability to achieve a desired financial result; achieving targeted outputs while minimizing required inputs 47

Management Report 49

Looking to the future 50

Children's Hospital of Saskatchewan 50
Rural Emergency Department Occupancy and Alternative Solutions . 52
Central Line Infections 53
Kaizen Promotion Office 54
Saskatoon Poverty Reduction Partnership 54

Letter of Transmittal

Honourable Dustin Duncan
Minister of Health

Dear Minister Duncan,

Saskatoon Regional Health Authority is pleased to provide you and the residents of Saskatoon Health Region with its 2011-2012 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the Region for the year ended March 31, 2012.

The Region continues toward its vision of Healthiest people, Healthiest communities, Exceptional service.

The Region is very proud to report on the accomplishments and challenges of 2011-2012. Great progress has occurred this past year in Children's Hospital of Saskatchewan (CHS) planning. The schematic design of the facility progressed, including the application of a new planning process (3P – Production Preparation Process), to support a more efficient and safe patient experience and to reduce the space required for the facility. This focus on process improvement has been at the core of the design process and has resulted in recommendations for both design and operational improvements that will add value to patients and families, improve flow and reduce waste in CHS. The planning process this year engaged more than 200 people, including patients, families, staff, physicians and other key stakeholders.

Another priority for the Region this year was patient safety. We achieved our goal of 100 per cent adoption of the *Safer Healthcare Now!* falls prevention bundle in all of our owned and operated and affiliate long term care facilities. We believe that adoption of these evidence-based practices will reduce the number of falls and harm to residents as a result of falls.

We also focused on improving medication safety. Through the hard work of many people, the Region was successful in achieving compliance with medication safety standards and practices that were noted as an area for improvement in our 2010-11 Accreditation Canada survey. Work has also been done to plan a new pharmacy department at Royal University Hospital.

We are particularly proud of the progress we have made this year in achieving sooner, smarter, safer surgical care. Saskatoon Health Region has significantly reduced the number of patients waiting 12 months or more for surgery and is well positioned to pursue our target of six months in 2012-13. The surgical checklist is now standard operating procedure for all surgery. The spine pathway is being well received and is making a significant difference in the management of care for patients with back pain.

Respectfully submitted,

Jim Rhode
Chair, Saskatoon Regional Health Authority

Introduction

Saskatoon Regional Health Authority (SRHA) continues to stride forward to its vision: Healthiest people, Healthiest communities, Exceptional service – this is our commitment to patients, clients and their families, our care providers and to ourselves.

This annual report presents Saskatoon Health Region's (the Region) activities and results for the fiscal year ending March 31, 2012. It reports on public commitments made and other key accomplishments of the SRHA. Results are provided on our publicly committed strategies, actions and performance measures as identified through the Ministry of Health's Strategic and Operational Directives for the Health Sector (SOD). This report also demonstrates progress made on SRHA commitments as defined in our 2011-12 strategic plan. The 2011-12 Saskatoon Health Region annual report provides an opportunity to assess the accomplishments, results and lessons learned, and identify how to build on past successes for the benefit of the people in the region.

Saskatoon Health Region acknowledges our responsibility to ensure the accuracy and reliability of this report. To ensure the highest standard of reporting, the Region has:

- Confirmed all data with the relevant process owners
- Requested information and data from the Region's Strategic Health Information and Performance Support (SHIPS) department. Prior to releasing the data, SHIPS confirms the information with our Senior Leadership Team
- Once all the data is compiled and the report is written, it is brought back to our Senior Leadership Team for approval; when approval is given the report is present to the Saskatoon Regional Health Authority (SRHA) for approval prior to being sent to the Ministry of Health

The Region has an accountability agreement with the Ministry of Health. The accountability document sets out the Ministry's expectations of the Region for the funding that is provided. It contains both high-level organizational (governance and directional) expectations and program-specific expectations for regions. The accountability document is also intended to clarify the Ministry of Health's organizational, program and service expectations of regional health authorities. These expectations are complementary to those articulated in legislation, regulation, policy and directives subject to amendments and additions or deletions made by the Minister and Ministry of Health. Additionally, information in the accountability document is intended to clarify the ways the Region will meet Ministry expectations. The accountability agreement is based on the Ministry's strategic and operational directions.

The Region's 2011-12 Annual Report includes:

- Alignment with Strategic Direction – How the Region aligns its mission, vision, values, strategic directions and goals with the Ministry's Strategic and Operational Directions for the Health Sector in Saskatchewan.
- Regional Health Authority (RHA) Overview – The high-level overview describes what the RHA does and who its key partners are.
- Progress in 2011-12 – This section presents the Region's key results, activities, accomplishments and outcomes in 2011-12. This section also addresses progress made towards the five pillars in the SOD, what is being done to support the Saskatchewan Surgical Initiative, and what is being done to improve efficiencies including Releasing Time to Care™, lean and attendance support.
- Management Report – This section reflects management's responsibility for the representations made in the financial statements and the financial information in the annual report.
- 2011-12 Financial Overview - The financial overview compares 2011-12 financial information to budget.

[1] *http://www.saskatoonhealthRegion.ca/about_us/strategic_home.htm*

At a Glance

Who We Are:

- The largest health region in the province, serving more than 318,000 local residents in more than 100 cities, towns, villages, rural municipalities and First Nations communities
- Approximately 30 per cent of the population of Saskatchewan reside within the Region's geography
- A provincial referral centre providing specialized care to thousands of people from across Saskatchewan
- Twenty per cent of the the residents in Prince Albert Parkland, Prairie North, Heartland, Kelsey Trail, and the three northern RHAs who require hospitalization rely on Saskatoon Health Region for care
- An integrated health delivery agency providing a comprehensive range of services and programs including but not limited to hospital and long term care, public health and home care, mental health and addiction services, prenatal and palliative care
- An organization providing services and programs in more than 75 facilities, including 10 hospitals (including three tertiary hospitals in Saskatoon), 29 long term care facilities, and numerous primary health care sites, public health centres, mental health and addictions centres, and community-based settings
- The largest employer in the province with 929 physicians and 13,458 registered nurses and other health-care service and support workers and managers
- An academic health sciences centre supporting more than 300 research studies within the Region, providing training opportunities to more than 2,000 health sciences students, and taking part in health education and research for the benefit of the province as a whole
- Supported by about 3,000 registered volunteers
- A region with a geographical area of 34,120 square kilometres and a perimeter of 1,296 continuous kilometres

Budget:

- 2011-12 operating budget of $998.8 million representing 22.4 per cent of the provincial health budget, equivalent to spending nearly $2.7 million each day meeting the health needs of the community
- 92.7 per cent of operating budget is provided by funding from the Ministry of Health
- 69 per cent of operating budget is spent providing services to patients and residents in our facilities, 12 per cent on community-based, public health and home care services, 13 per cent on operational support, and 6 per cent on program support and administration
- Approximately 78 per cent of annual budget is spent on employee salaries and benefits

Client Volumes:

- Hospital admissions (adult and child) = 38,303
- Average daily census (excluding newborns) = 698
- Average beds open and in operation, including delivery unit, excluding newborns = 746
- Average length of stay (urban only) = 7.6 days
- Patient days of adult and children admissions, excluding newborns = 287,432
- Newborn admission patient days* = 17,602
- Total surgeries (including Humboldt) = 36,256
    - o Inpatient = 14,048
    - o Day Surgery = 22,208
- Emergency Department visits = 115,137
- Lab tests = 9,683,851
- Long term care beds = 2,279
- Home care discrete clients seen = 7,757
- All types of immunizations = 142,956

*Amended to reflect patient days, August 1, 2012.

Overview

Saskatoon Health Region accounts for 5.25 per cent of Saskatchewan's geographic area, it encompasses 71 communities, 33 whole and 14 partial rural municipalities and six First Nations reserves (two of which are urban reserves). More than 13,000 staff and 929 physicians, supported by more than 3,000 registered volunteers, provide comprehensive health services to more than 318,000 residents of the Region. Approximately 30 per cent of the population of Saskatchewan reside within Saskatoon Health Region's geography, and the Region's operating 2011-12 budget of $998.8 million represents 22.4 per cent of the provincial health budget. The Region also serves the rest of Saskatchewan, as the provider of provincial and specialized services. Residents in Prince Albert Parkland, Prairie North, Heartland, Kelsey Trail and the three northern RHAs rely on Saskatoon Health Region for more than 20 per cent of of their respective residents' hospitalizations (Hay Group Analysis 2010-11). As a result, 32 per cent (13,378) of Region hospital inpatients are not residents of Saskatoon Health Region. For some specialized services that proportion can be more 50 per cent.

Although population growth is up across Saskatchewan, Saskatoon had one of highest rates of population growth between 2006 and 2011 with an increase of 11.4 per cent (26,677) lagging behind only Calgary (+12.6 per cent) and Edmonton (+12.1 per cent). This represents the largest proportion of population increases in Saskatchewan. Approximately 52 per cent of the provincial population increase since 2007 has occurred in the Region. In addition, the proportion of the population in the 60 to 79 age group is projected to grow by 84 per cent (75,968) by 2025.

Our Region provides a comprehensive range of health services in the areas of ambulance, rehabilitation, community, mental health, long-term care and hospital services. These services are delivered in more than 75 facilities across the region through hospitals, long-term care facilities, primary health care sites, public health sites, and a variety of community and business locations and in private residences throughout the Region. While many of the facilities are owned and operated by the Region, we also work in partnership with affiliate health-care organizations. In addition, the Region enjoys a fully integrated interdependent partnership with St. Paul's Hospital that is unique to any other that exists in Canada.

The Region is an academic health care organization with responsibility to facilitate education and research for the benefit of Saskatchewan. This role necessitates a strong interdependent relationship with the University of Saskatchewan, the Saskatchewan Institute of Applied Science and Technology (SIAST), the First Nations University of Canada (FNUC), the Saskatchewan Indian Institute of Technologies, the Dumont Technical Institute and a variety of other regional colleges.

On an annual basis, the Region provides training opportunities for more than 2,000 health sciences students in addition to students from non-clinical educational programs. Each student may have more than one placement in the Region within a year. Placements vary in length from part of a day to several weeks, depending on the education and training to be provided. We estimate that up to 4,000 placements occur in a year. The facilitation of research and innovation is integral to improving the care and services provided by academic health care organizations. At the end of 2010-11 there were more than 340 research studies in progress within the Region.

Descriptive Indicators	2010-11	2011-12 (Preliminary)
Primary Care		
Home Care - Number of Discrete Clients Seen	7,366	7,757
Home Care - Total Visits Nursing	n/a	192,280
HealthLine (RN & MH Queues) - Registered (Answered) Call Volumes	19,744	21,669
HealthLine (RN & MH Queues) - Registered Patient Volumes	28,734	30,639
MD Ambulance Calls / Responses	25,008	26,311
Acute Care		
Emergency Department Visits (urban and rural)	137,488	142,633
Inpatient Discharges (urban and rural)	38,704	38,308
Newborns (urban and rural)	4,930	4,942
Adult & Child Patient Days (urban and rural)	283,223	287,432
Newborn Patient Days (exludes transfers in) (urban and rural)	17,167	17,694
Average Length of Stay (in days) - Urban only	7.5	7.6
Diagnostic/Specific Procedures		
Number of Hip Replacements	938	943
Number of Knee Replacements	1,172	1,233
Cataract Surgery	3,985	3,818
Operating Room Inpatient Volumes including Humboldt	13,990	14,048
Operating Room Day Surgery Volumes including Humboldt	20,794	22,208
MRI Exams	24,482	29,922
CT Exams	41,026	42,988
Lab Tests	9,459,408	9,683,851
Mental Health and Addiction Services		
Inpatient Discharges (Dube Centre Acute Care)	856	1,013
Calder Centre - Resident Days	11,852	14,493

To completely understand the work done within and through Saskatoon Health Region, one must consider the voices of our patients, clients, families and staff. A collection of stories has been included from those perspectives intended to provide readers with a more complete picture of Saskatoon Health Region.

Included with each story is a unique QR code. Scan the code with your smart phone for additional video and internet links. Visit your app store for a free QR code scanner.

The wheels on the health bus

Ramona Grolla never knows what her work day is going to look like.

"I could start the day treating a child for an ear infection and then move on to teaching an elderly patient about their diabetes or change someone's dressing," explains Grolla. "We don't require clients to make appointments so the amount of patients we see differs greatly from day to day. You just never know."

Grolla is a full time nurse practitioner on the health bus, Saskatoon Health Region's Mobile Primary Health Centre. Grolla works with a paramedic as a unique working relationship that delivers primary health care services to Saskatoon's core neighbourhoods.

"The whole purpose of the health bus is to improve access to health care services," says Sheila Achilles, Director of Primary Health. "By working with private and public partners, by creating those partnerships we are putting the health care needs of our communities first. We come to them."

Ramona Grolla is a full time nurse practitioner on the health bus, Saskatoon Health Region's Mobile Primary Health Centre.

Jodi Spence is very familiar with Saskatoon's health bus. The 32-year old daycare worker and mother of four young children understands how quickly the need for medical advice and assistance can arise. "I really trust the staff on the health bus," says Spence. "They are always calm, friendly, they don't rush you like some clinics and are very thorough when dealing with a young child."

The health bus served just fewer than 6,000 clients from April 2009 to March 2010. "We provide care to a diverse group of people, including some who may be transient or homeless or living at risk. Promoting healthy lifestyles and behaviours is an integral part of each patient visit," says Grolla. "Promotion and education can range from talking to a mother about infant or child care, teaching diabetic management or talking to a drug addict about their addictions. Some clients come every week, some come once or twice a month but they always tell us that they feel safe coming to the bus."

Saskatoon Health Region partnered with MD Ambulance to pilot the health bus project in August 2008. MD Ambulance donated a used recreational vehicle (RV) which was then retrofitted into a mobile clinic. The pilot program received permanent funding from the Ministry of Health in February 2009, and a new, longer, larger wheelchair-accessible bus replaced the first bus in December 2011. Funding for the new bus came courtesy of the Synergy 8 Community Builders who raised a total of $360,000 including PotashCorp's matching sponsorship of $180,000. The Ministry of Health and Saskatoon Health Region contributed $100,000 towards the purchase of the new bus.

"These partners have done an incredible job in supporting this program and we are so grateful to them," says Achilles. "It's our hope that joint initiatives like these can set the stage for future partnerships."

Grolla agrees. In fact, she would like to see additional focus on developing partnerships with more social agencies and community partners. "We need to provide more education and preventative health care and I think having additional partners in both the private and public sectors can help us achieve that," she says. "We need to go beyond basic health care." For more, please visit **www.saskatoonhealthregion.ca/your_health/ps_primary_health_health_bus.htm.**

"This methodology is an example of our new lean-based continuous improvement system that is being adopted not only in our health region but right across the province. These teams have demonstrated their thoughtful commitment many times over."
~ Maura Davies, President and CEO, Saskatoon Health Region

Building sustainable health care in Saskatchewan

As a patient representative, Deb Johnston was often on the receiving end of a diagnostic procedure but never knew what process was involved once the test was complete.

"I learned what the wait times were on the other side of things," she explains. "It was really surprising to learn how many people have a part to play in a test or diagnostics procedure, which in my mind are just a small portion of my overall experience. And not just people but things like fax machines, labels and charts. There's just so much stuff there that I wasn't aware of."

Johnston participated in one of two Rapid Process Improvement Workshops (RPIWs) that took place in March. Johnston's team worked on reducing time for patients who have been in emergency and are required to come back the next day for CT scans and ultrasounds.

The other team worked on eliminating the defects in registration for 4th floor maternal. Both teams worked on directional signage for patients to guide them through the hospital and route them to the right departments.

"Perhaps it goes without saying but there are studies that show our success rate in scanning patients improves dramatically if we actually get the patient to the department," joked Peter Barboluk, Medical Imaging supervisor.

Muda is the Japanese term for waste and is a term commonly used in lean-based continuous improvement. Muda is anything that does not add overall value to the client experience. Generally, Muda or falls into seven categories: transportation, inventory, motion, waiting, over-processing, over-production and defects.

"The people who work here might know where everything is located but not all our patients do. I really learned a lot from Deb."

Both teams also worked on changes in the registration process. Johnston's team moved registration directly to Diagnostic Imaging to reduce the time patients spend waiting for triage.

The maternal team improved safety for expectant mothers by creating a new registration desk on 4th floor maternal. Now, instead of registering through emergency or main registration, expectant and labouring moms can go directly to the 4th floor to register between 8 a.m. and 4 p.m.

"Patients often have trouble finding their way from the main registration or emergency up to the 4th floor. Our buildings as you know are large and confusing and in fact, the first morning of our team meeting I was late because I got lost," explains Maura Davies, President and CEO of Saskatoon Health Region, and a maternal team member. "For our patients this is stressful, particularly for a mom in labour."

"This methodology is an example of our new lean-based continuous improvement system that is being adopted not only in our health region but right across the province," says Davies. "These teams have demonstrated their thoughtful commitment many times over."

"Stuff got done," says Johnston. "I was amazed at how well everyone worked together as a team and how quickly we made things happen in Saskatoon Health Region."

For more, please visit **www.saskatoonhealthregion.ca/lean**.

The Saskatchewan Surgical Initiative was created to put the patient first and provide medical surgical care sooner, safer and smarter. It's working.

Sooner, safer, smarter surgery in Saskatchewan

The Saskatchewan Surgical Initiative was created to put the patient first and provide medical surgical care sooner, safer and smarter.

Jason Williams and Murray Jelinski, both recent Saskatoon surgical patients referred through the Saskatoon Spine Pathway, put it another way, "...it has changed (my) life for the better."

Earlier this year, both Williams and Jelinski were initially referred to the Saskatoon Spine Pathway for lower back pain. The Spine Pathway is one of the surgical initiatives set out by the Province.

"The Spine Pathway ensured that I, a good candidate for surgery, got what I needed done quickly," Williams explained. "I went from being in pain all the time and being very frustrated with dead-end referrals to a meeting with the Spine Pathway and a surgeon on the same day, and then surgery 10 days later. The difference in my life is incredible."

(Above) St. Paul's Hospital fourth floor renovation project, as seen in three demensions.

(Right) An employee studies designs during the construction of St. Paul's Hospital fourth floor.

The Pathway is designed to assess patients so those most likely to benefit from surgery see a surgeon quickly. It also offers education, encouragement and other treatment options to help non-surgical patients manage their back pain.

"What blew me away was the speed of it all," says Jelinksi. "The Spine Pathway made things happen when I needed surgery and they have been great with the post-operative follow up care to ensure I get the physiotherapy I need to recover."

Other improvements resulting from the Saskatchewan Surgical Initiative include:

- Wait Time Targets – Two years ago, the province set wait time targets that have driven much of the work on the initiatives by the regions. The goal is that by the end of March 2013, no patient will wait more than six months for the option to have surgery.
- St. Paul's Hospital Fourth Floor – Extensive renovation work began on the fourth floor B wing of St. Paul's Hospital last September to create a new 18 bed surgical unit. Work has progressed on schedule and the new unit will open in summer 2012. The new unit will create capacity for additional urology, plastics and ENT inpatient surgery in the Region.
- Surgical Safety Checklist – Saskatoon Health Region continues to excel with implementation of the Surgical Safety Checklist. Audits demonstrate more than 95 per cent adherence to all three components of the checklist. The checklist was developed to enhance and standardize the communication and safety processes for all patients undergoing surgical procedures.

- For more, please visit **www.saskatoonhealthregion.ca/about_us/saskatchewan_surgical_initiative.htm**.

The Children's Hospital of Saskatchewan project team is working on its plans for the next phase of design. Design development will focus design on details such as how a patient's room should be laid out or what the lobby area should look like.

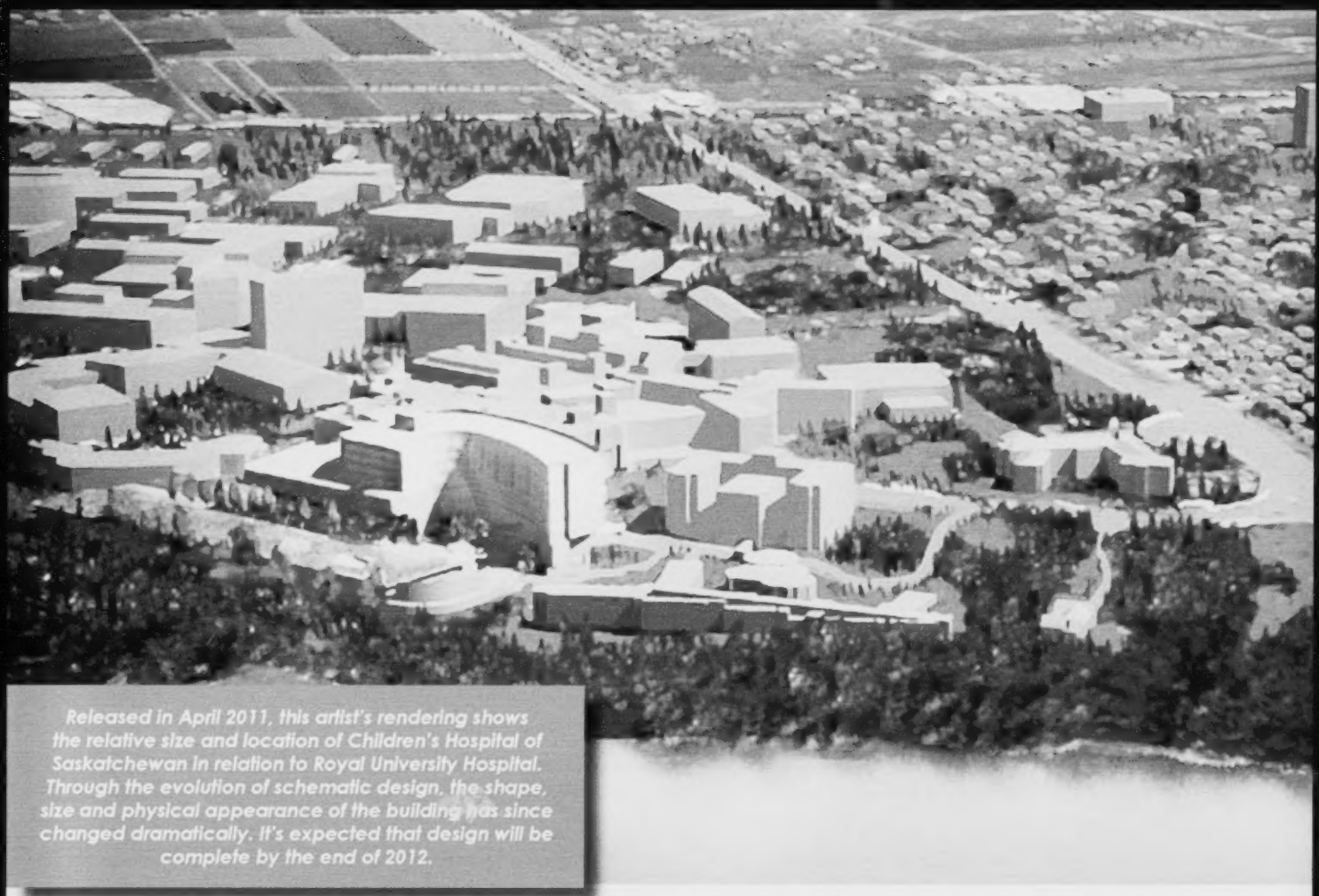
Children's Hospital of Saskatchewan: Next steps

After a flurry of activity through 2011 and early 2012, it may seem like all is quiet for the Children's Hospital of Saskatchewan (CHS) project team. But behind the scenes, the project is moving full steam ahead.

"The team has been working hard to finish up this early phase in design," says Craig Ayers, project director for Children's Hospital of Saskatchewan. "This has meant bringing together key information to prepare the report which will signal the end of schematic design. This is important work needed to move the project forward."

Architects met with 3P teams in mid-January to review preliminary designs and incorporate design tweaks into floor plans. The early designs were a product of the events in November and December where teams of patients and families, staff, physicians and leaders worked together to create design concepts for the units. The concepts focused on removing waste and wait times to improve the experience for patients and families.

The design concepts were then translated into actual floor plans. These will form the basis for the schematic design report.



Released in April 2011, this artist's rendering shows the relative size and location of Children's Hospital of Saskatchewan in relation to Royal University Hospital. Through the evolution of schematic design, the shape, size and physical appearance of the building has since changed dramatically. It's expected that design will be complete by the end of 2012.

"The schematic design submission is a normal check-point for any major capital project," explains Ayers. "The purpose of schematic design is to have an overall plan for the building that shows all of the spaces in the right locations and adjacencies, sized such that the plan meets the operational goals while also supporting the efficient patient and clinical flows that have been identified in our planning."

In the meantime, Saskatoon Health Region has started to move ahead with improvement plans for the new hospital and the Health Region. This includes setting up a Kaizen Promotion Office. The Kaizen Promotion Office is based on models used by leading health-care organizations working with the lean management system.

Architects met with 3P teams in mid-January to review preliminary designs and incorporate design tweaks into floor plans.

Together with expert advisors, the Region is already training Lean Leaders. The first wave is a group of 54 physicians, directors, managers and senior leaders preparing to change the way the Region leads and manages continuous improvement as part of everyday work. As part of the training, Lean Leaders will work on the Region's first set of rapid process improvement workshops (RPIWs) in 2012. Starting in March, supported by the members of the Kaizen Promotion Office, Lean Leaders moved ahead with process improvements identified in the CHS 3P events. An RPIW, after four weeks of intense preparation, has a team of patients and family members, staff and clinicians meet for a week, focus on one problem, identify the root causes and create and test solutions. By week's end, the team implements the solution in the workplace and follows up after 30, 60 and 90 days to see if it worked and has been sustained.

In the mean time, the CHS project team is also working on its plans for the next phase of design. Design development will focus design on details such as how a patient's room should be laid out or what the lobby area should look like. This is expected to start in late spring and continue into early fall. Learn more about Children's Hospital of Saskatchewan at **www.saskatoonhealthregion.ca/chs**.

"The safety of Saskatoon Health Region employees is more important to us than keeping this facility open. I have met many of our Central Laundry employees and I know this is the right decision for them and their families."
~ Bonnie Blakley, Vice President of People Strategies, Saskatoon Health Region

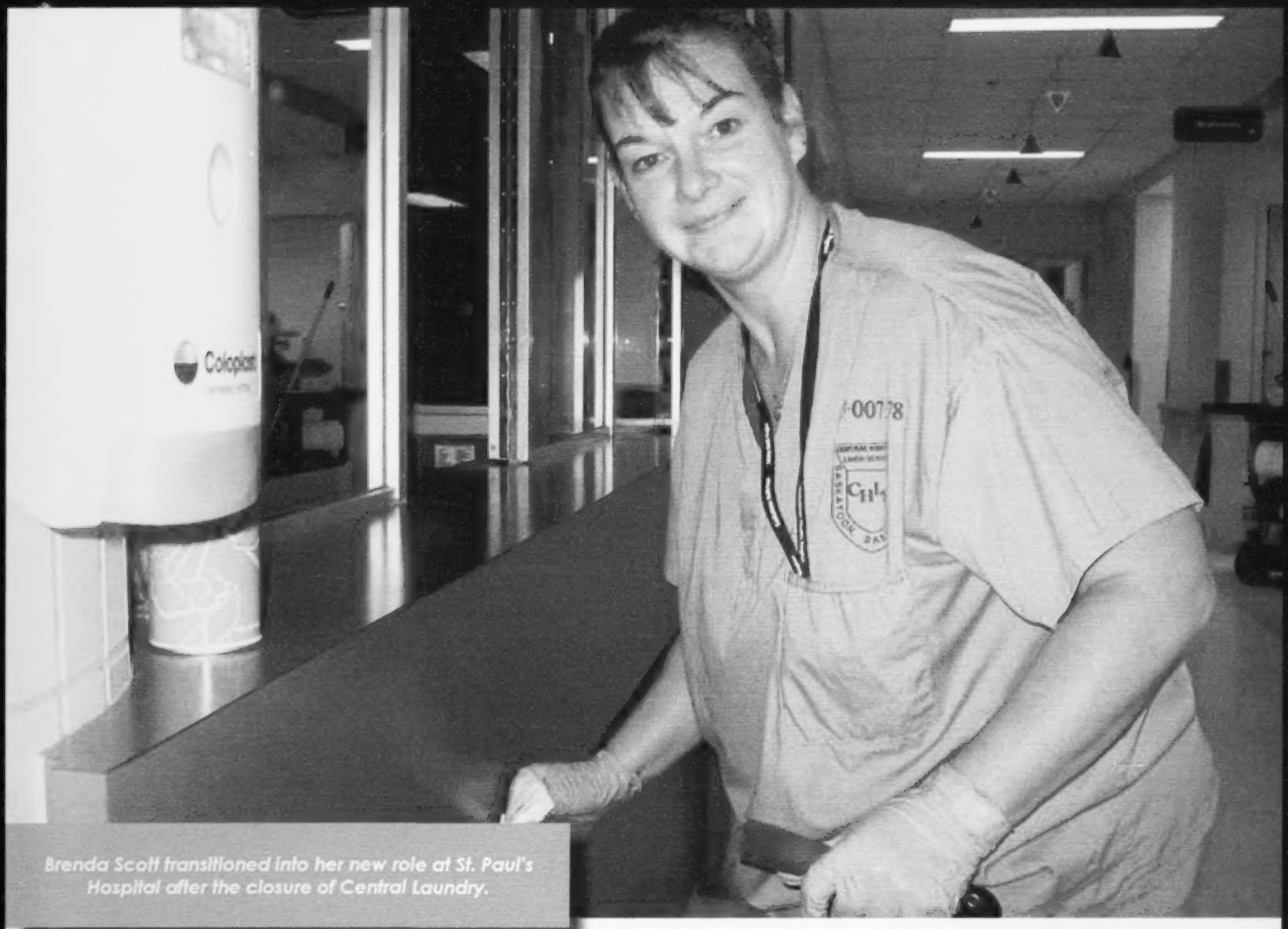
Central Laundry staff make a transition

On November 3, 2011 the lives of several dozen Saskatoon Health Region employees changed when a hoist carrying loads of laundry fell from the ceiling at Central Laundry Services. Fortunately, no one was injured. But as a result, a safety review and engineering assessment led to laundry operations in the Region being curtailed.

Within a month, the decision was made in to close Central Laundry for the safety of staff. Health Region laundry for the three acute care sites in Saskatoon as well as Parkridge Centre, Oliver Lodge, Wakaw and Rosthern is currently being shipped to Prince Albert and Regina for laundering. The clean linens then return to Saskatoon where some staff continue to work at the distribution centre. The Region is no longer washing, drying, ironing, or machine folding the linen. Full-time staff currently not required at the distribution centre have been redeployed to special projects in housekeeping.

Edith Matyson is one who stayed behind. "It broke up our little family," says Matyson, who has worked at the laundry for 33 years, currently as a supervisor. "You still feel like you're in a family. I know some people didn't get to stay on here and you have to feel for them."

Brenda Scott, who has been with laundry for a year, is now working at St. Paul's Hospital in housekeeping along with nine of her laundry colleagues. "We are a very close family. If one of the ten of us doesn't come to work we wonder if they're okay."



Brenda Scott transitioned into her new role at St. Paul's Hospital after the closure of Central Laundry.

Scott says the laundry staff has been welcomed with open arms at St. Paul's Hospital. They and other staff redeployed to housekeeping duties at other facilities are working on special cleaning projects. The Region has worked with the union to ensure staff have a place to work.

Closing laundry was a difficult decision. "The safety of Saskatoon Health Region employees is more important to us than keeping this facility open," says Bonnie Blakley, Vice President of People Strategies. "I have met many of our Central Laundry employees and I know this is the right decision for them and their families. They have done tremendous work to keep our laundry operations going until this point, and we will work with each employee and their union to ease their concerns."

Both Scott and Matyson say despite the situation, they're loyal to the job. "We try to provide a service that the patients and the hospitals and facilities need," says Matyson. "Our customers know we're here everyday and trying to do our best."

"We're working very hard to keep providing laundry service to all our facilities, and to minimize any disruption to our patients, hospitals and care providers," says Nilesh Kavia, Vice President of Finance and Administration. "We appreciate the extra effort staff in the affected facilities made to conserve linens and to ensure they use linens appropriately."

For 40 years, the plant in Saskatoon's north end has handled the Region's laundry services – cleaning as much as 27,000 pounds of soiled linen a day. The Region was out of the Central Laundry building in January 2012 and has signed an agreement to have laundry sevices provided by a firm in Calgary while longer term strategies are explored.

The Region has focused attention at building infrastructure to support best practices, providing education to point of care staff, students and physicians as well as to engaging clients and families both at the bedside and at the organizational level.

Client and Family Centred Care in the Region

Client and family centred care is as an evolutionary approach whereby the planning, delivery and evaluation of health care is based on mutually beneficial partnerships among clients, families and care providers. Saskatoon Health Region has been committed to becoming more client and family centred since 2007. In 2011-12 the Ministry of Health required each region to create a plan for guiding the shift to being more client and family centred.

Saskatoon Health Region created a 10-year strategic plan and a subsequent three year implementation plan. Clients and families had the opportunity to participate and contribute as did regional staff and physicians. This collaborative process has resulted in a quality document which will guide a cultural shift in Saskatoon Health Region resulting in an organization which is truly client and family centred.

The Region has focused attention at building infrastructure to support best practices, providing education to point of care staff, students and physicians as well as to engaging clients and families both at the bedside and at the organizational level.

Point of care staff, physicians and students have participated in more than 25 awareness training sessions which focus on how to work with patients, clients and families. The platinum rule is often set as the standard "treat others the way they wish to be treated."

Client and family engagement has also been embedded into Kaizen Promotion Office events. The Region has committed to having a patient, client or family advisor participating in every Rapid Process Improvement Workshop and 3P event.

The Region video, *One Family, Two Experiences* is used to help participants consider the client perspective as Serese Selanders, a family advisor shares the impact and differences between two experiences her family had in the health-care system. This demonstrates a cultural shift as the client and family voice is woven into the education of our staff, physician and students.

This encourages change and improvements to the way individuals practice and to the processes on the units. Changes and improvements including client and family advisors in the interview process for leadership roles, including families in bedside rounds, adopting flexible visiting hour policies and the creation of a Patient and Family Resource Centre at Royal University Hospital. In long term care, a significant achievement included the creation of a welcome package for individuals moving into a long term care home. This package includes a "Rights and Responsibilities Guideline" to support the residents to feel supported and safe in their new home.

In 2011-12 a major focus was to establish opportunities for client and family engagement throughout the organization. As of March 31, 2012, 64 client and family advisor roles and 20 occasional reviewers existed to support acute care alone. In long term care 18 of the 24 homes have resident councils.

Client and family engagement has also been embedded into Kaizen Promotion Office events. The Region has committed to having a patient, client or family advisor participating in every Rapid Process Improvement Workshop (RPIW) and 3P event.

The success of this engagement can best be captured by a quote from patient advisor Deb Johnston who recently participated in a RPIW event. "The most empowering aspect of the RPIW experience was to see changes actually taking place in such a short period of time. Some of the changes seem so minuscule in the big picture but it is these small changes that added together count. These changes have already had and will continue to have a major impact on how our patients and families benefit when their interests, concerns and wellbeing are taken to heart."

The journey to client and family centred care cannot be achieved in a year but great strides were accomplished in 2011-12.

Broad objectives of 3sHealth, in partnership with the health regions and SCA, include creating enhanced value to the health system, improving service quality and lowering the cost curve.

Collaboration and Coordination: 3sHealth

Health Shared Services Saskatchewan (3sHealth) was formally established in 2011 to collaborate with the health regions and the Saskatchewan Cancer Agency (SCA) in identifying and implementing selected administrative and clinical support services that could be delivered in a shared services model. By sharing specific functions, the health regions and SCA expect to improve the quality of services provided, lower costs and redirect resources to patient care. The need to achieve efficiencies was identified in the Patient First Review Report in 2009, and directed by Government in the years since.

Broad objectives of 3sHealth, in partnership with the health regions and SCA, include creating enhanced value to the health system, improving service quality and lowering the cost curve.

Key achievements for 2011-2012 include:

- Establishing 3sHealth, appointing the CEO, and developing the governance structure to direct the strategic and operational objectives. Shared services delivered by the Saskatchewan Association of Health Organizations (SAHO) were assumed by 3sHealth.
- Leveraging additional group purchasing contracts to increase buying power with provincial and national procurement contracts for clinical supplies, resulting in provincial savings of over $7 million in the past year.
- Automation of purchasing functions through the implementation of software to standardize product lists, track contract pricing or inventory requirements, and reconcile invoices to purchase orders expecting to save $5 million in the first full year.
- Enhancements to human resource business processes to standardize procedures and enable employees through the implementation of electronic functionality, saving printing and paper costs, and increasing accuracy of information.
- Initiation of work to develop a provincial laundry strategy to enhance quality and infection control standards, achieve efficiencies and secure safe working conditions. It is expected that a solution will be announced later in 2012.

Work focused on group purchasing, automating human resource business processes and a provincial laundry solution will continue in 2012. Additional opportunities for shared services will be analyzed and strategies implemented with a view to achieving a five year target of $100 million in provincial savings.

Alignment with Strategic Direction

Our Vision

Healthiest people, Healthiest communities, Exceptional service

Our Mission

To improve health through excellence and innovation in service, education and research, building on the strengths of our people and partnerships.

Our Promise

Every moment is an opportunity to create a positive experience in the way we treat and care for people, in how we work and interact with each other, and in how we deliver quality service. We promise to seize every opportunity.

Our 2011-12 Strategic Directions

Transform the Care and Service Experience

Build an organization where:

- all people are treated with respect and dignity
- families, patients and clients are at the centre of care and have timely access to health services with improved continuity and quality of care
- chronic disease management is coordinated and improved
- a blame-free safety culture is part of everything we do

Transform the Work Experience

Create a healthy workplace where:

- staff are enabled to make healthy lifestyle choices and are encouraged to strike a healthy balance among work, home and community
- there is a caring community of colleagues where staff, management, physicians and volunteers are heard, respected and valued
- there are enough of the right people with the right skills to do the right work
- the workforce celebrates diversity and is representative of our population
- we work in teams and are committed to a culture of workplace safety

Partner to Improve the Health of the Community

Work in partnership with communities to:

- build stronger relationships to better understand the health needs of our communities

Build a Sustainable Integrated System

Build a system that:

- reflects the changing needs of our population, is more integrated and streamlined and demonstrates good value for the investment in health care
- collaborates with community to co-create changes that can contribute to better health
- has a safe and sustainable physical infrastructure
- invests appropriately in information technology and information management to ensure system sustainability and integration

Health of the Individual	Health of the Population	Providers	Sustainability
Transform the Care and Service Experience *Provide exceptional care and services that exceeds client expectations and is consistent with best practices*	**Partner to Improve the Health of the Community** *Improve the overall health of the population and reduce health disparities*	**Transform the Work Experience** *Create a workplace that optimizes capabilities, capacity, engagement and quality of worklife for providers and learners*	**Build a Sustainable and Integrated System** *Manage and align our resources to ensure sustainability of the health system*
➢ Place clients and families first; and provide culturally safe and competent care with a focus on First Nations and Métis people ➢ Achieve timely access to services ➢ Eliminate harm and avoidable deaths	➢ Identify health needs and priorities with community partners ➢ Focus on health promotion, protection and disease prevention ➢ Collaborate with communities and governments to reduce disparities in health status ➢ Begin implementation of the Aboriginal Health strategy	➢ Work together to create safe and supportive work places ➢ Develop a highly skilled, workforce with a sufficient number and mix of service providers ➢ Promote teamwork and inter-professional practice ➢ Develop a diverse workforce, ensuring enhanced representation from First Nations and Métis populations	➢ Maximize efficiencies and reduce waste ➢ Strategically invest in facilities, equipment and information technology ➢ Foster research, learning and innovation ➢ Measure and report performance, benchmarking with high performing health systems and other industries
Supportive Process			

Saskatchewan Ministry of Health Pillar
Saskatoon Health Region Strategic Direction
Saskatoon Health Region Goal

Our Framework

The Region has strategic directions that form the basis of our strategic plan. By embodying our values of respect, compassion, excellence, stewardship and collaboration we ensure our success comes with the highest commitment of patient-centred care. As illustrated, our strategic plan is completely aligned with the Government of Saskatchewan's strategic framework for the health sector (2009-2012) and the Ministry's Strategic and Operational Directives for the Health Sector in Saskatchewan (SOD).

In 2011-12 we continued to reach for our ambitious goals. The Region's 2011-12 strategic plan had more than 80 projects, many of which are multi-year endeavours. Given the large number of Region initiatives in 2011-12, the Region decided on our "top 5" Region priorities. These priorities were assigned additional resources and were considered our "must do, cannot fail" initiatives. This process of identifying top priorities is known as Hoshin Kanri [2] planning. Hoshin Kanri is a planning process that helps organizations focus effort on the critical few initiatives to achieve results. Developed in Japan, it is used to communicate strategy to everyone in the organization. Its primary benefit is to focus activity on the key things necessary for success.

The Region's 2011-12 top five priorities are listed below. Note that improving patient safety contains two distinct initiatives.

1. Continue to plan for Children's Hospital of Saskatchewan
2. Medication Safety
3. Falls Reduction
4. Improve Staff Safety
5. Achieving the Region's Saskatchewan Surgical Initiative targets

Factors, Trends and Opportunities

Our Environmental Scan

To prepare for annual strategic planning, the Region prepares and vets an environmental scan with internal stakeholders as well as the Authority to help determine internal priorities. Highpoints of this environmental scan are as follows:

Socio-Demographics

Employees: The average age of Region employees is 43.5 years with out-of-scope (OOS) managers and nurses being among the oldest. The retirement rate decreased slightly to 1.8 per cent. We anticipate a significant increase in retirements in 2012-2013 at the completion of the current SUN agreement, when most nurses will have maximized their pension options under the current plan. Currently close to 20 per cent of Region employees are eligible for retirement. The provincial government is attempting to offset this loss through increased training seats in a number of disciplines.

Population Health Status: Saskatoon's population reached 300,638 in 2009 and that population base continues to age with an increase of more than 20,000 people in the 65 to 74 year old range. As well, the Aboriginal population is young and continues to grow.

We have seen some positive changes in life expectancy, which has increased, while the infant mortality rate has declined. However, we continue to be significantly higher than the national average in smoking rates and lack of physical activity - a serious concern. We are still experiencing serious differences in health status between the overall population and those living in core neighbourhoods. Diabetes continues to be a significant health concern, and can lead to myriad chronic conditions.

[2] *Akao, Yoji, ed (Jap: 1988, Eng: 1991) (in English(tr. from Japanese)). Hoshin Kanri, policy deployment for successful TQM. New York: Productivity Press (Originally Japanese Standards Association). pp. xiii. ISBN 1-563273-11-X.*

The Region's 2011-2012 Top 5 Priorities

1. Continue to plan for Children's Hospital of Saskatchewan

2. Medication Safety

3. Falls Reduction

4. Improve Staff Safety

5. Achieving the Region's Saskatchewan Surgical Initiative targets

Demographics

Population growth is up across Saskatchewan. Saskatoon had one of highest rates of population growth between 2006 and 2011 with an increase of 11.4 per cent; lagging behind only Calgary (+12.6 per cent) and Edmonton (+12.1per cent). This represents the largest proportion of population increases in Saskatchewan. 52 per cent of the provincial population increase since 2007 has occurred within Saskatoon Health Region. In addition, the proportion of the population in the 60 to 79 age group is projected to grow by 84 per cent by 2025. Prince Albert Parkland, Prairie North, Heartland, Kelsey Trail, and the three northern RHA residents rely on Saskatoon Health Region for more than 20 per cent of hospitalizations (Hay Group Analysis 2010-11). As a result, 32 per cent of Region hospital inpatients are not residents of our Region.

Saskatoon is in the midst of an influx of residents from rural Saskatchewan as well as out-of-province. The aging population and current projections for the number of anticipated new residential and assisted living beds to serve the aging population may not be sufficient. However, there have been a couple of positive initiatives that will impact the Region into 2012 and 2013, including the opening of the 67 new beds at Oliver Lodge in November 2010 as well as signing an agreement with Amicus Health Care Inc. to deliver 100 new long-term care beds at Samaritan Place. While this will not satisfy projected demand it will significantly reduce current pressure. The Region continues to experience a significant increase in the number of births as well as utilization of the neonatal intensive care unit (NICU). The first year of a child's life is the second heaviest health-care expenditure period in a person's life.

Health Status Indicators

Research conducted by Public Health Services determined an association between neighbourhood income status and health status. Residents of the core neighbourhoods in Saskatoon were found to have a significantly higher incidence of suicide attempts, mental disorders, injuries and poisonings, diabetes, chronic obstructive pulmonary disease, chlamydia, gonorrhea, hepatitis C, teen birth, low birth weight, infant mortality and all causes of mortality. The research suggested that a comprehensive, community-focused strategy was required in Saskatoon to reduce health disparities. The Region is pursuing this as one of its strategic goals.

Indicator name	Saskatoon Health Region value (latest year)	Better or worse over time
Population growth	300,638 people (2009)	Projections are 344,000 people by 2029
Life expectancy at birth in years	79.9 years (2007). 84.6 years in highest socio-economic quintile; 75.9 years in lowest socio-economic quintile	Better since 1997. From an equity standpoint, we are doing worse. Gap between highest and lowest socio-economic quintile widening
Market basket measure	$30,689 for Saskatoon; $30,162 in rural Saskatchewan	Costs have been steadily increasing since 2000.
Age standardized suicide mortality rate	10.9 per 100,000 population (2009)	About the same since 1995
Infant mortality rate	5.8 per 1,000 live births (2007-2009 combined)	About the same since 1992-1994 combined
Current smoking rate	20.0 per cent (2009/10)	About the same since 2001
Overweight and obesity rate	53.6 per cent (2009/10)	About the same since 2003
Diabetes age standardized hospitalization discharge rate	109.6 per 100,000 (2008/9)	About the same since 2001
Heart disease age standardized mortality rate	73.5 per 100,000 (2009)	Better since 1995, with consistently lower rates year over year
Cancer mortality rate	157.0 per 100,000 (2009)	About the same since 1995
Immunization coverage rate, two years, Measles Mumps and Rubella	73.5 per cent (2011, quarter 1)	Better since 2002
Hepatitis C incidence rate	51.2 per 100,000 (2010)	Better since 2003
Human Immunodeficiency Virus (HIV) incidence rate	24.6 per 100,000 (2010)	Worse since 1999

This chart provides an overview of important health indicators in the Region. It shows the latest year of data available, and also assesses whether the indicator has improved or worsened over time. Progress on respective health status recommendations that may have an influence on the indicators in the future is also included.

Labour Shortages

One of the key cost pressures impacting our ability to deliver and maintain services will be the sustainability of physicians and professional staff, particularly those in our rural areas and core specialties such as critical care, and other tertiary specialties. We are also facing significant turnover in leadership positions due to retirements and compensation and work/life balance issues which may lead to future organizational instability and result in increased costs relating to training and orientation.

Failing Building Infrastructure; Clinical/Support Equipment & Information Technology (IT) Infrastructure

The Region continues to be challenged with frequent failings in major building systems, key clinical equipment, support equipment and IT infrastructure. We need a provincial strategy to address future and existing infrastructure needs.

In 2011-12 Saskatoon Health Region discovered two infrastructure issues; a flooring deficiency in St. Mary's Villa in Humboldt and a hoist failure at the Central Laundry facility in Saskatoon. These issues had the potential to cause harm to patients and staff and decisions were made to immediately prevent any incidents from occurring. As a result, the affected areas were decommissioned and no injuries occurred.

As part of 2010-11 budget planning, the Region made a strategic decision to make further operating reductions not affecting patient care to free up funds for critical investments in key technologies and equipment replacement.

Key Partners

The Region works closely with a number of affiliated agencies and other health-care organizations in providing services and programs to residents of the Region and the province. An affiliate, as defined by *The Regional Health Services Act*, is an operator (other than the Region) of a hospital or a not-for profit special care home. A health-care organization, as defined by the Act, is an affiliate, or an organization prescribed in regulation, that receives funding from a RHA to provide health services.

Affiliates	Service Provided
Bethany Pioneer Village Inc.*	Long-term care services
Circle Drive Special Care Home Inc.*	
Duck Lake and District Nursing Home Inc.*	Long-term care and respite services
Jubilee Residences Inc. (Porteous Lodge)*	Long-term care services
Jubilee Residences Inc. (Stensrud Lodge)*	
Lakeview Pioneer Lodge Inc.*	Long-term care and respite services
Luther Care Communities (Lutheran Sunset Home)*	Long-term care, respite and day program services
Mennonite Nursing Home Inc.*	Long-term care and respite services
Oliver Lodge*	Long-term care
Saskatoon Convalescent Home*	Long-term care, respite and day program services
Sherbrooke Community Society Inc. (Central Haven Special Care Home)*	Long-term care services
Sherbrooke Community Society Inc. (Sherbrooke Community Centre)*	Long-term care, respite and day program services
Spruce Manor Special Care Home Inc.*	Long-term care services
St. Ann's Senior Citizens Village Corporation*	
St. Joseph's Home for the Aged*	
Strasbourg and District Health Centre **	Health Centre
Sunnyside Adventist Care Centre *	Long-term care and respite services
Warman Mennonite Special Care Home Inc.*	Long-term care services
Notes respecting relationship and accountability to the Region: * Operating agreement outlining contractual obligations; audited financial statements **Funding arrangement for services; audited financial report	

Other contracted organizations assist the SRHA in achieving its goals. The community-based organizations and third parties that received funding through the Region in 2011-12 are listed below.

Community Based Organizations and Third Parties	*Service Provided*	*Relationship and Accountability to Saskatoon Health Region*
AIDS Saskatoon	• Housing coordinator to develop low barrier housing model for HIV+ clients; • Outreach workers and transportation expenses; • Environmental Scan of HIV+ newcomers needs. • Funded through the Provincial HIV Strategy	• Contractual agreement; audited financial statements; Funding letter, and performance status reports collected quarterly
Autism Services Saskatoon	• Provide a variety of intervention and support services to children and their families.	• Contractual agreement outlining obligations. Monthly report.
Autism Treatment Services of Saskatchewan Inc.	• Home and community-based support, counselling and treatment services to autistic children and youth and their families	• Contractual agreement outlining obligations; quarterly reports and audits; annual financial report.
Avenue Community Centre	• Enhances service provider training Funded through the Provincial HIV Strategy	• Contractual agreement; audited financial statements.
Canadian Mental Health Association (CMHA)	• Pre-vocational and vocational programs for adults disabled with long-term mental illness	• Contractual agreement outlining obligations; monthly reports and audits; monthly statistics; annual financial report.
Central Urban Métis Federation Incorporated (CUMFI)	• McLeod House provides transitional housing for 15 men with substance dependency issues for up to one year. There are also two short term respite beds.	• Contractual agreement outlining obligations; monthly reports and audits; monthly statistics; annual financial report.
Children's Therapeutic Classroom (Three Saskatoon School Divisions)	• Therapeutic classroom for children with significant mental health disorders	• Jointly funded services in kind.
Collective Kitchen Partnership	• Contribution to operating	• Contractual agreement outlining obligations; annual financial report; Saskatoon Health Region as member on Coordinating Group.
College of Dentistry, University of Saskatchewan	• Research & strategy development of oral health care in Region Long Term Care facilities	• Assessment, survey and staff education
Community Health Services (Saskatoon) Association Ltd.	• Nurse practitioner Primary health services	• Partnership agreement; annual report covering delivery of services, revenues and expenditures under agreement; accounts, records or information upon request.

CommunityView Collaboration	• Steering Committee membership, staff in-kind suppport and co-sponsor support for the development and maintenance of the system.	• Partnership with serveral members of the Saskatoon Regional Intersectoral Committee to fund the development and maintenance of CommunityView Collaboration, a web-based community information system aimed at supporting wellness in the community.
Cosmopolitan Industries Ltd.	• Programming to enhance daily living skills for adults who are severely mentally and/or multiply challenged	• No formal agreement; receive annual grant; annual report.
Crocus Co-op	• Transitional and supported employment, social and recreational programming for adults with mental illness or addictions	• Contractual agreement outlining obligations; quarterly reports and audits; annual financial report.
CRU Youth Wellness Centre, Inc.	• Board membership, staff supervision and financial infrastructure support for Centre (operates on external grants).	• Program partnership for youth engagement and mentoring.
Elmwood Residence Inc.	• Residences and programming for intellectually challenged individuals	• No formal agreement; receive annual grant; annual report.
Humboldt and District Ambulance Service	• Pre-hospital ambulance and emergency care	• Contractual agreement; audited financial statements.
in motion Partnership	• Contribution to social marketing strategy, raising awareness of the benefits of daily physical activity	• Partnership agreement; Saskatoon Health Region administers funds.
Lanigan and District Ambulance Association	• Pre-hospital ambulance and emergency care	• Contractual agreement; audited financial statements; annual trip data.
M.D. Ambulance Care Ltd.	• Pre-hospital ambulance and emergency care, inter-facility transfers	• Contractual agreement outlining reciprocal obligations; monthly statistics; audited financial statements.
Midway Ambulance	• Pre-hospital ambulance and emergency care	• Contractual agreement; audited financial statements; annual trip data.
Ministry of Justice (Young Offenders)	• Addiction Services and Young Offenders	• Contractual agreement outlining obligations. Yearly report.
Persons Living with AIDS Network	• Outreach worker funded through the Provincial HIV Strategy	• Contractual agreement, financial statements
Poverty Awareness Workshop Team	• Building Awareness of the impact of living in poverty	• Financial management, facilitation assistance.
Quill Plains Ambulance Care Ltd.	• Pre-hospital ambulance and emergency care	• Contractual agreement; audited financial statements.
Rosthern and District Ambulance	• Pre-hospital ambulance and emergency care	• Contractual agreement; audited financial statements; monthly performance status reports.
Saskatoon Anti-Poverty Coalition	• Contribution to operating expenses to build capacity for those with a lived experience with poverty and to raise awareness in the broader community	• Annual financial report.

Saskatoon Crisis Intervention Services, Inc.	• Crisis management for adults disabled by mental illness or addictions and with problems maintaining connections with other agencies.	• Contractual agreement outlining obligations; quarterly reports and audits; annual financial report.
Saskatoon Housing Coalition, Inc.	• Supportive/Transitional Housing and supportive counselling/life skills for adults with mental illness/addictions	• Contractual agreement outlining obligations; monthly reports and audits; monthly statistics; annual financial report.
Saskatoon Poverty Reduction Partnership (SPRP)	• Contribution to communication strategy, raising awareness of the social determinants of health	• Contractual agreement outlining obligations; regular reporting of funds; Saskatoon Health Region has members on Coordinating and Leadership Groups.
Saskatoon Community Youth Arts Program (SCYAP)	• Social Marketing project. Funded through Provincial HIV Strategy	• Contractual agreement, financial statements
Saskatoon Tribal Council Urban First Nation Services Inc.	• Partial funding for safe house • Partial funding for harm reduction supplies • Outreach worker and transportation support funded through Provincial HIV Strategy	• Yearly audited statement. • Regular and annual report of needle exchange rates. • Funding letter, and performance status reports collected quarterly
Shamrock Ambulance Care Inc.	• Pre-hospital ambulance and emergency care	• Contractual agreement; audited financial statements.
Strasbourg Ambulance Service	• Pre-hospital ambulance and emergency care	• Contractual agreement; audited financial statements; annual trip data.
Student Wellness Initiative Toward Community Health (SWITCH)	• Operational funds in student managed inter-professional clinic	• Service agreement; provide financial and performance information on request.
The Saskatoon Downtown Youth Centre, Inc.	• Residential transition service for youths with addictions	• Contractual agreement outlining obligations; monthly reports and audits; monthly statistics; annual financial report.
Three Saskatoon School Divisions	• Case Management Project	• Informal understanding. Transfer funds to Saskatoon Health Region.
University of Saskatchewan Student Health Centre	• Nurse practitioner Primary health services	• Grant agreement; annual report covering delivery of services, revenues and expenditures under agreement; accounts, records or information upon request.
Wakaw Ambulance Service	• Pre-hospital ambulance and emergency care	• Contractual agreement; financial statements; performance status reports provided on request.
Wynyard and District Community Health Clinic Assoc. Ltd.	• Nurse practitioner Primary health services	• Annual report and audited financial statements.
Young Women's Christian Association (YWCA)	• Respite and short term housing for women with mental health challenges.	• Contract under development.

For the following organizations, Saskatoon Health Region has a commitment to the contribution to health and the promotion of activities, addressing the determinants of health. A summary evaluation and financial report is completed six weeks after the completion of the grant:

Martensville Youth Community Development Team, Community Chronic Disease Outreach Program: Peer Leadership, Saskatoon Chapter, Saskatchewan Brain Injury Association, Walking for Fitness, Saskatoon Anti Poverty Coalition: Up and Out of Poverty, Kinsmen Activity Place – Walking the Journey Program, Wadena & Fishing Lake First Nation Collective Kitchen Project, SCYAP Streetgraphix, Humboldt Senior Citizen's Club Inc. Interative Theatre for Elder Abuse, Food Connections for All, Sunset Estates Pre-School, Healthy Seniors on the Net and Saskatoon Council on Aging Inc.

For the following schools, Saskatoon Health Region has a commitment to classroom health promotion activities. A brief summary evaluation will be done in June:

St. Maria Goretti Community School, Englefeld School, Valley Manor Elementary School, St. Mary Community School, E.D. Feehan, Bishop Klein School, Wadena Composite High School, Bishop Roborecki, St. Frances School, King George Community School, Sutherland School, Vincent Massey Community School, W.P. Bate School, Westmount Community School, Ecole Lakeview School, Princess Alexandra Community School, Pike Lake School, Clavet Composite School, Brunskill School and St. George School.

Governance

Saskatoon Regional Health Authority

Saskatoon Health Region is governed by a 10-member appointed Saskatoon Regional Health Authority, which is accountable to the Minister of Health. At the end of 2011-12, Saskatoon Regional Health Authority members were:

- Jim Rhode, Chairperson
- Colleen Christensen, Vice Chairperson
- Gary Beaudin
- Randy Donauer
- Doug Finnie
- Ross Huckle
- Frank Lukowich
- Don Ravis
- Mike Stensrud
- Darcy Swiderski

The Authority was at a full complement of 12 members beginning February 6, 2009, and was appointed by an Order in Council to a term not to exceed January 27, 2012. The Ministry of Health was expected to make board appointments in Spring 2012. For information on the Authority members, visit **www.saskatoonhealthregion.ca**.

The operation of Saskatoon Regional Health Authority was supported by seven Authority committees and one Council during 2011-12:

- Executive Committee
- Policy and Governance Committee
- Audit, Finance and Risk Committee
- Quality and Safety Committee
- Human Resources Committee
- Stakeholder Relations Committee
- Partnership Committee
- Practitioner Liaison Council

Each Committee included three or more members of the Authority and had terms of reference defined in Authority policy.

Roles of the Committees

Executive Committee: Addresses emerging SRHA matters during the intervals between regular meetings.

Audit, Finance and Risk Committee: Oversees financial reporting process, business risk process and adequacy of internal controls, relationships with external and internal auditors, and compliance issues. Ensures management has effective systems of control. Facilitates the audit function.

Human Resources Committee: Provides oversight for the human resource strategies and policies of the Region including CEO Evaluation.

Partnership Committee: Saskatoon Regional Health Authority (SRHA) and St. Paul's Hospital (SPH) Board: Provides oversight for the two organizations' shared operational responsibilities.

Policy and Governance Committee: Leads annual review of Authority policies and bylaws. Identifies need for new policies. Monitors and reviews Authority performance and conducts formal Authority self-evaluation. Facilitates the education and professional development of the Authority and its members.

Quality and Safety Committee: Assists the SRHA and the SPH Board in carrying out their governance role related to quality of care and patient safety throughout the Region. Dimensions of quality to be addressed by the committee include accessibility, equity, client centeredness, efficiency, effectiveness, safety and competency.

Stakeholder Relations Committee: Assists the Authority to build and maintain stakeholder relationships in a strategic, planned and systematic way.

Practitioner Liaison Council: Serves as a liaison between the SRHA and the respective regional practitioner association and seeks, in a spirit of cooperation, to maintain and improve the provision of health services in the health region.

Transparency

The Authority remains committed to ensuring it has a presence throughout the Region. Accordingly, two regular Authority meetings were scheduled outside of Saskatoon in 2011-12, but one of those meetings was unfortunately cancelled.

Saskatoon Regional Health Authority is responsible for maintaining and enhancing public confidence in the health care system and in the Region. This is done in a variety of ways, from ensuring timely access to quality services and being sound stewards of financial resources, to the holding of regular public meetings.

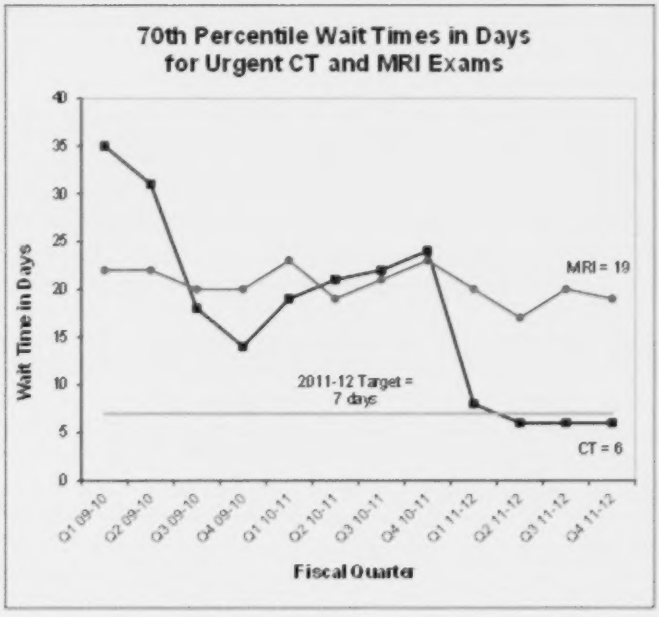
During 2011-12, the Saskatoon Regional Heath Authority continued to take actions that support public transparency of its operations, including: posting notice of Authority meetings in communities within the Region; issuing media advisories on Authority meetings and agendas; posting on a website the Authority meeting dates, minutes and information on Authority members; holding regular business meetings in public; reporting on Authority activities in the Region's internal and external newsletters; issuing media releases for key announcements; and being responsive to media requests for information that are directed to informing the public. In addition, the quarterly performance results monitored by the Authority are posted on the Region's external website at **http://www.saskatoonhealthregion.ca/performance indicators**. The Authority's Governance Charter, which details roles, responsibilities, functions, and structures can be found at **http://www.saskatoonhealthregion.ca/about_us/policies/SRHACharter-approved.pdf.**

Progress in 2011-2012

Strategic Direction: Transform the Care and Service Experience & Partner to Improve the Health of the Community

Access: Providing timely and coordinated care and service.

Meeting target wait time access to computed tomography – 70th percentile wait times in days for urgent CT and MRI exams (7 out of 10 patients seen within this time)



What is being measured?
CT and MRI scans serve a very important role in the identification and proper diagnosis of many health conditions. The Ministry of Health has established targets for the time frames in which CT and MRI scans performed within our region should be completed.

Priority Level II scans are classified as "urgent" within the system. Volumes and wait times are known for each exam. This measure reports the number of days wait that seven out of 10 patients experience before they have their exam. In order to meet the expectations of the province, and provide timely access for our residents, our target is completion of Level II exams within as seven day wait time.

Why is it important?
In order to support the health and wellbeing of our residents it is critical to provide timely access to supportive diagnostic services. CT and MRI scans provide critical information for identifying and diagnosing many health conditions. Early access to diagnostic services allows health providers to make timely decisions about further care options and can make a real difference in the outcome for the patient.

How are we doing?
We want to meet our volume commitments and seven-day target wait time. However, the demand for urgent and emergent CT & MRI exams often exceeds the Region's capacity.

Recent increases in capacity to complete CT exams have enabled the region to meet targets for CT wait times. While there has been some progress in reducing MRI wait times, the demand for urgent and emergent MRI exams continues to exceed capacity and we did not meet our target for this measure in 2011-12. Effort is being applied to improve performance in this area.

This calculation includes only patients who do not have scheduling constraints, such as specific date requests to coincide with another procedure or as a six-month follow up to a previous exam.

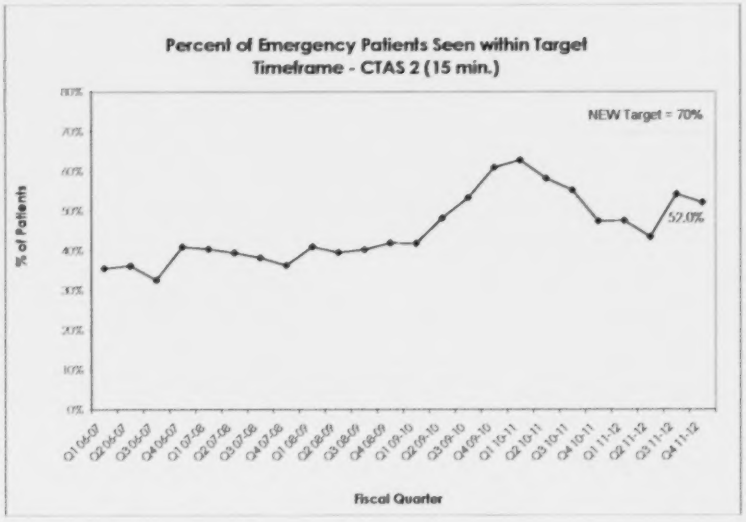
What are we doing about this?
The Saskatchewan Ministry of Health has increased resources in both CT and MRI, including the recent addition of a new MRI at RUH. We are hopeful that these changes will assist in improving wait times. We anticipate further improvements to MRI wait time in 2012-13 as we continue to make operational and process improvements to increase MRI capacity. Applying Lean methodology, Saskatoon Health Region Medical Imaging is redefining current work processes to effectively and efficiently reduce the backlog and resulting wait times of MRI patients in Saskatchewan.

Access: Providing timely and coordinated care and service.

Meeting target wait time: Wait time in Saskatoon emergency departments – per cent of CTAS level 2 seen within target timeframe

What is being measured?
The percentage of Emergency Department (ED) visits in which the patient was seen within the timeframe recommended by the Canadian Triage and Acuity Scale (CTAS) Guidelines is determined every three months (fiscal quarter). The timeframe being measured is the time between arrival in the ED and the time of assessment by a physician.

CTAS level is determined at the time of initial screening and patients are assigned a level of 1 – 5, with 1 being most urgent and 5 being least urgent. Target timeframes are intended to ensure that people are seen appropriately relative to the urgency of their needs. The recommended timeframe to be seen for CTAS 2 is 15 minutes, and our 2011-12 target isthat 70 per cent of patients are seen within this timeframe.



Why is it important?
Meeting the target timeframes recommended by CTAS Guidelines helps to ensure that patients receive treatment in a timeframe that is clinically appropriate for their situation. Setting internal performance goals and monitoring our progress towards them helps us to determine whether our quality improvement activities are making a difference.

How are we doing?
The 2011-12 target was 70 per cent. The Q4 result shows that 52 per cent were seen within 15 minutes and that we are trending upwards towards our target. Improvement strategies will continue in 2012-13 to continue to make progress on this system indicator.

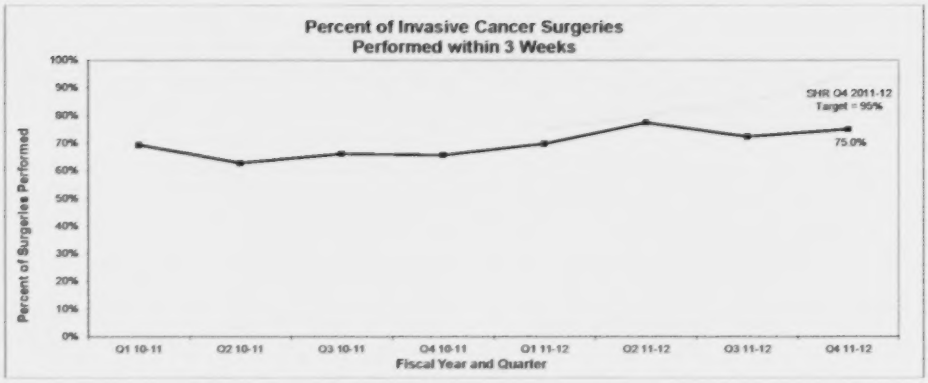
What are we doing about this?
With the expansion of Sunrise Clinical Manager (SCM) to all three Saskatoon hospitals, we have seen increases in CTAS 2 patients far greater than anticipated with the new electronic triage note. The new parallel process for registration and triage has decreased time but has also affected the normal process of physician notification for all CTAS 2 patients.

We are working towards a better balance of patient volumes across the three urban hospitals by directing follow-up visits for low acuity patients to Saskatoon City Hospital. There have also been adjustments to the scheduling of physician hours to better meet peak times of the day in our emergency departments.

Other planned strategies to drive improvement include the ongoing development and implementation of nurse-initiated protocols to streamline processes, Emergency Department Task Forces at each of our three urban sites, and rapid process improvement events focusing on the flow of patients from the emergency departments to inpatient beds. All of these initiatives are directed towards ensuring we are able to meet the demand for service and that patients continue to receive safe and timely care.

Access: Providing timely and coordinated care and service.

Meeting target wait time surgical time frames – per cent of invasive cancer surgeries performed within three weeks



What is being measured?
The percentage of surgical cases that were performed within the timeframe recommended by the Saskatchewan Surgical Initiative (SkSI) is determined every three months (fiscal quarter). The timeframe being measured is time between the date a request for surgery is received from the surgeon (after the surgeon has assessed the patient) and the date that the surgery takes place.

Target timeframes have been established in Saskatchewan according to the level of urgency for the completion of the procedure. The level of urgency is determined through the use of a provincially standardized Priority Scoring Tool used during the surgeon's assessment of the patient. Priority levels range from Priority Level I (most urgent) to Priority Level IV (least urgent). Invasive cancer surgeries are classified as level I.

The performance target for this indicator is that 95 per cent of all invasive cancer surgeries will be performed within three weeks.

Why is it important?
Meeting the targets and performance goals established by the SkSI helps to ensure that patients receive surgery in timeframes that are clinically appropriate for their situation. We must ensure that elective surgeries are not performed at the expense of priority surgeries, in order to achieve overall volume targets.

How are we doing?
The target for the 2011-12 fiscal year was set at 95 per cent by the Saskatchwan Ministry of Health. As of Q4 2011-12,the Region performed 75.0 per cent of invasive cancer surgeries within three weeks, which does not meet the target.

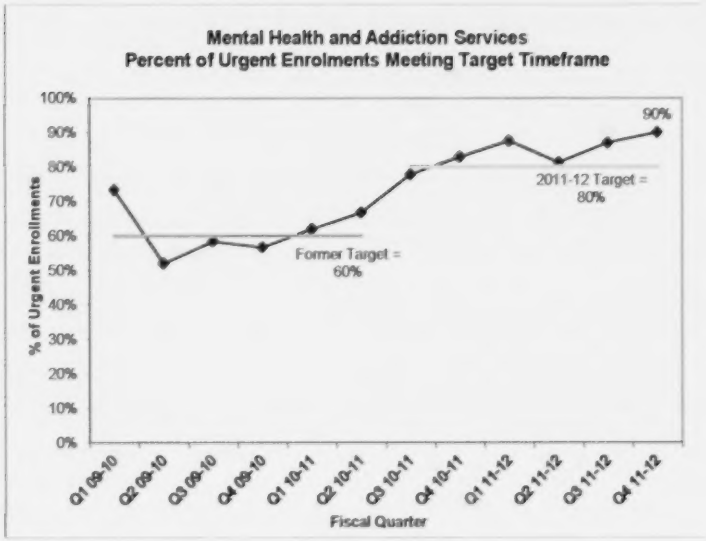
What are we doing about this?
The Region will continue to participate in strategies associated with the SkSI to increase overall surgical volumes with the goal of reducing the backlog of procedures and to reduce surgical wait times overall, while closely monitoring access to high priority surgeries.

Access: Providing timely and coordinated care and service.

Meeting target wait time: Mental Health & Addiction Services – percentage of clients meeting target time frame

What is being measured?
This measure reflects the percentage of clients who are assessed as requiring urgent enrolment into community Mental Health & Addiction Services such as counselling, therapy or case management, and who have a first visit scheduled within the specified timeframe.

The timeframe being measured is that between the date an enrolment request is made (after initial assessment and determination of need for service by program intake staff or a service provider), and the date of the first scheduled visit.



Timeframe targets are set according to level of urgency which is determined by program intake staff or an appropriate service provider.

The target timeframe for urgent enrolments is seven days and the performance target is that 80 per cent of patients have a scheduled visit within this timeframe.

Why is it important?
Timely access to service is of key importance for reducing the impact and burden of mental illness and addiction.

Throughout the year we monitored our performance against the target timeframe as a means of evaluating the impact of activities and initiatives that were aimed at improving access to care.

Urgent referrals represent only a small proportion of all clients referred. Though not reported here, wait times for all referrals are monitored on an ongoing basis in order to assess performance against established targets and to monitor progress toward ensuring timely access for all.

How are we doing?
The actual percentage of urgent referrals seen within seven days increased to 90 per cent by the end of Q4 2011-12. As of Q2 2010-11, rural data has also been incorporated into our reporting. This indicator exceeded the target for all reporting periods this year.

What are we doing about this?
The trend in results over the previous fiscal year and during 2011-12 shows progress in improving access. Discussions are underway develop other indicators of performance in this program area. Over the next few months, the program plans to develop an urgent clinic or urgent appointment concept and will continue to follow up on individual cases to see what caused any delays.

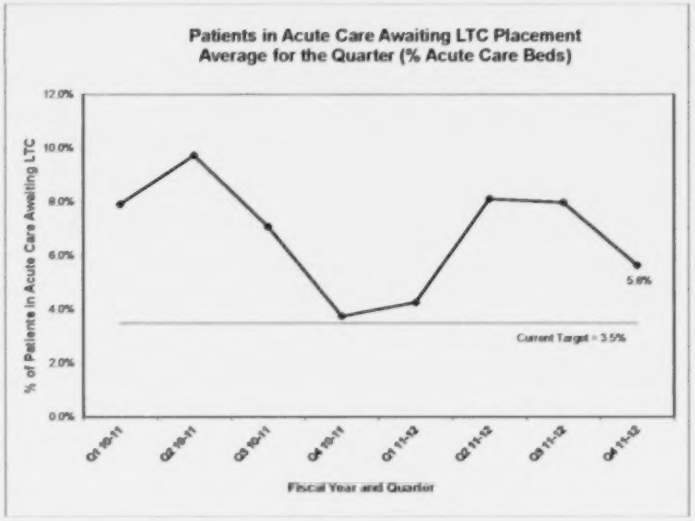
Strategic Direction: Transform the Care and Service Experience & Partner to Improve the Health of the Community

Efficiency: Making the best use of resources by reducing waste of equipment, supplies, ideas, and energy.

Patients in acute care awaiting long term care placement

What is being measured?
This measure represents the average number of individuals in an acute care hospital who are waiting to move into a long term care facility over the three month reporting period (fiscal quarter).

The provincial government has maintained the 2010-11 reduction target and reporting methodology for this indicator for the 2011-12 fiscal year. The target for the Region is that by March 31, 2012, on average, no more than 3.5 per cent of total acute care beds should be occupied by patients awaiting long term care placement. For our Region, this means that no more than 26 patients should be in hospital awaiting long term care by year-end. Our reporting takes into account acute care beds in both rural and urban hospitals in the Region.



Why is it important?
The ability to discharge patients to a more appropriate setting once they no longer require acute care services is essential, both for ensuring that these patients receive care that is most appropriate for their needs, and to avoid care delays in other acute care areas, such as surgery or emergency.

Achieving an efficient continuum of care is a systemic issue that requires a collaborative effort and appropriate balance of resources among different sectors of the health care system including acute care, long term care, community services and home care.

Measuring the number of patients in acute care who are waiting for long term care placement is one way of monitoring how well we are managing this continuum.

How are we doing?
In Q4 2011-12, 41 acute care beds, or 5.6 per cent, were occupied by patients awaiting long term care. With the opening of Samaritan Place at the end of January 2012, a number of eligible patients waiting in hospital were able to be placed in long term care.

What are we doing about this?
Over the long term, it is anticipated that Saskatoon Health Region will need to continue to increase our bed capacity in long term care.

Our Region provides services for an increasing number of patients with complex needs. Acute care services continues to continue to care for several residents who require the specialized services that are only available at Parkridge. The region is also seeing more residents with increased behavioural needs. Continuing Care and Seniors Health is exploring options to integrate supports into existing care homes that would enable them to manage these residents in a non-acute setting.

In 2012-13, consultation with community partners will continue as we explore opportunities to enhance community capacity and options to support aging in place, including the Direct Client Funding Program.

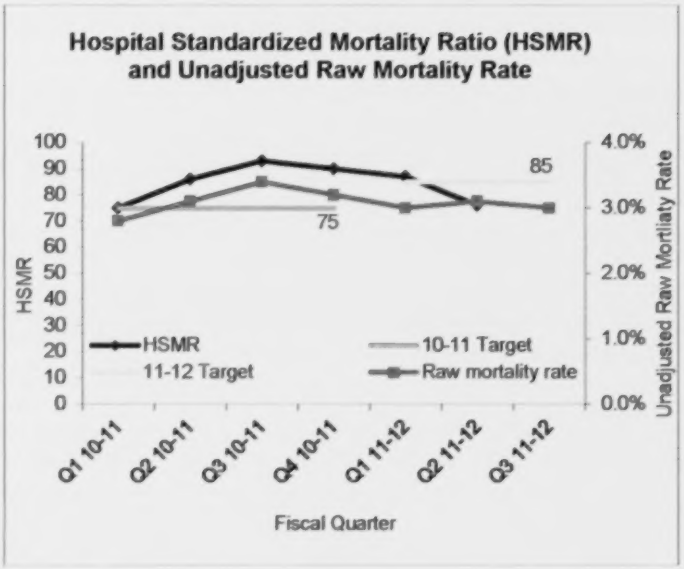
Strategic Direction: Transform the Care and Service Experience & Partner to Improve the Health of the Community

Effectiveness: Doing the right thing to achieve the best possible results.

Hospital Standardized Mortality Ratio (HSMR) and unadjusted raw mortality rate

What is being measured?
The Hospital Standardized Mortality Ratio (HSMR) is a measure calculated by the Canadian Institute for Health Information for all acute care hospitals in Canada. It represents a ratio of the number of deaths that actually occurred in hospital relative to the number that would be expected to occur, once adjustments for factors that are commonly associated with a higher risk of death are taken into account. HSMR is calculated based on diagnosis groups that account for 80 per cent of deaths in Canadian hospitals.

An HSMR of 100 indicates that there is no difference between the Saskatoon Health Region mortality rate and the average rate for all Canadian acute care hospitals, established in the base year 2004-05. A value greater than 100 indicates that the Region mortality rate is greater than the national average, while a value lower than 100 indicates that the rate is lower than the national average.



The HSMR for the Saskatoon Health Region represents combined data from all 10 acute care hospitals within the Region. Unadjusted raw mortality rate is a measure of the total number of in-hospital deaths over the total number of discharges at all 10 acute care hospitals within the Region.

Why is it important?
HSMR is a high-level measure that can be influenced by a wide variety of factors, some of which are beyond the control of an individual hospital. Nevertheless, it provides an important means for a hospital or health region to compare their patient outcomes over time, and in this way provides a starting point for identifying potential areas for improving the quality of care.

Raw unadjusted mortality rate has been added to the the Region Dashboard this quarter as it is thought to provide a reasonable real-time proxy for the HSMR, which typically is not available from data sources until the following quarter. HSMR should closely mirror the raw mortality rate in over time.

How are we doing?
By the end of Q4 2011-12, the Region achieved an HSMR of 76, meeting the target of an HSMR less than the reported 2010-11 annual HSMR of 85. The unadjusted raw mortality rate for Q4 2011-12 is 3.1 per cent, or 341 deaths over 10,845 discharges. No target has been set for the raw mortality rate.

What are we doing about this?
Saskatoon Health Region Acute Care has developed a process to review HSMR data results, which includes the application of trigger tools to review deaths. Based on findings from this initial review, further assessment is done to better understand circumstances and practice related issues which may affect the cases contributing to the HSMR. Findings from the review inform the development of recommendations, which are then implemented as quality improvement initiatives within acute care.

Strategic Direction: Transform the Care and Service Experience & Partner to Improve the Health of the Community

Effectiveness: Doing the right thing to achieve the best possible results.

Age appropriate immunization coverage rates – percentage of two-year-old children receiving recommended number of antigen doses Measles Mumps Rubella (MMR)

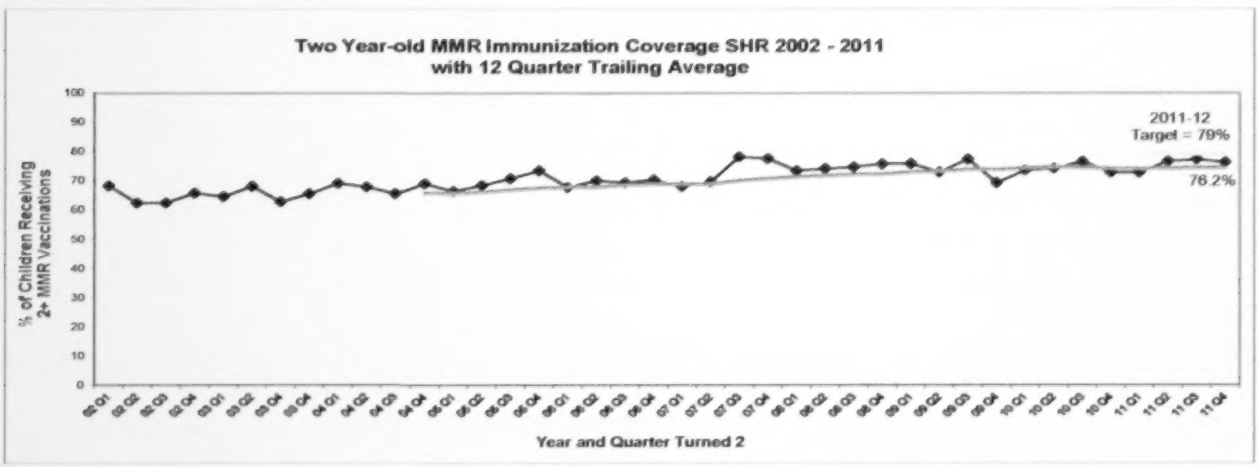
What is being measured?
Age appropriate immunization coverage rates are defined as the percentage of children with the recommended number of doses at a given age. Two years of age is a recognized age for comparing coverage rates. The recommended schedule for measles, mumps and rubella is two doses by age two. Children with partial coverage (one dose) are not counted in the age appropriate coverage rate.

Many factors influence the rate of child immunization. This includes poor access to health services, low education, limited family support, and poverty. Research in Saskatoon Health Region suggests incomplete immunization is usually associated with low income; however, single parenthood, cultural status, and differences in beliefs also play a part. One study showed children from low income families were 72 per cent less likely to be fully immunized at age two compared to other children.

Why is it important?
Immunization is the most effective way to prevent infectious disease. Worldwide, child immunization coverage is a recognized indicator of population health and health system performance. Coverage rates influence herd immunity - the presence of immune groups of people that limit disease spread in a population. Low coverage rates in some geographic areas compromises herd immunity and increases the likelihood of disease. In Canada, targets are set at 95 per cent or higher.

How are we doing?
The 2011-12 Saskatoon Health Region immunization coverage target for age appropriate routine childhood immunization was 79 per cent. For Q4 2011-12, the Saskatoon Health Region coverage rate is 76.2 per cent. Coverage rates appear to have plateaued since the 2009 H1N1 pandemic which may represent a continuing delayed effect. While variation in coverage rates is expected from quarter to quarter, the influx of newcomers and the transition of some clients to other communities also affects our rates.

What are we doing about this?
The regional reminder program will continue in 2012-13, as well as targeted interventions in the lowest coverage neighbourhoods. An analysis of other services under-immunized children are currently accessing will be conducted to look for opportunities for collaboration with them in the future.


Two Year-old MMR Immunization Coverage SHR 2002 - 2011
with 12 Quarter Trailing Average
% of Children Receiving 2+ MMR Vaccinations
2011-12 Target = 79%
76.2%
Year and Quarter Turned 2

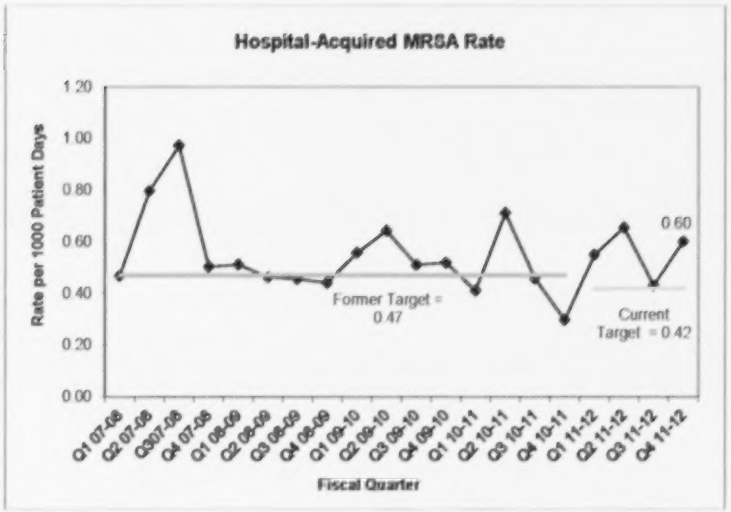
Safety: Eliminating preventable harm to patients from care that is intended to help them.

Methicillian Resistant Staphylococcus Aureus (MRSA)

What is being measured?
Staphylococcus aureus is a bacteria that commonly lives on the skin and mucous membranes of healthy people, but that can sometimes cause infection.

Methicillin-resistant Staphylococcus aureus (MRSA) is a specific strain of this bacteria that is resistant to certain antibiotics, making infection with MRSA more difficult to treat.

The number of new laboratory-confirmed cases of MRSA that have developed in patients who are in hospital (urban and rural acute care) is monitored in relation to the total volume of patient activity (patient days) and reported as the MRSA rate per 1,000 patient days.



Why is it important?
An infection developed while in hospital can result in longer stays, additional treatments and poorer patient outcomes. MRSA infection is particularly problematic due to its resistance to the usual antibiotic treatment. Preventing and controlling MRSA infection is therefore an essential part of enhancing patient safety in the hospital setting.

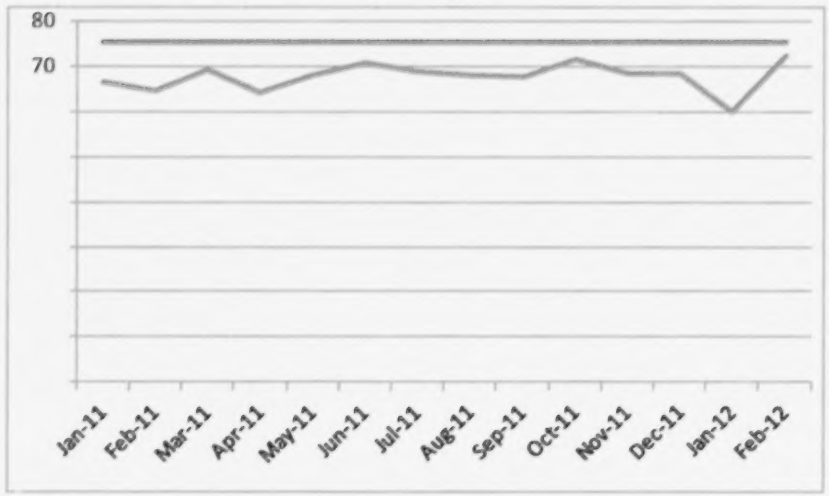
How are we doing?
Our target for 2011-12 was 10 per cent reduction from the 2010-11 achieved rate of 0.47, or the equivalent of 0.42. In Q4 2011-12, the rate was 0.60. The overall annual rate for 2011-12 was 0.56. Fluctuation in the rate is common, and overall Saskatoon Health Region remains well below the nation and western Canadian reported rates.

What prevention and control measures are used?
- Testing high risk inpatients for MRSA
- Placing MRSA positive patients on Contact Precautions
- Treating MRSA positive patients with medication when appropriate
- Enhanced cleaning of the equipment and surfaces in isolation rooms
- Providing education for patient and visitors regarding Contact Precautions and hand hygiene
- Promoting hand hygiene as the single most effective measure to reduce hospital-acquired infection

Strategic Direction: Transform the Care and Service Experience & Partner to Improve the Health of the Community

Client-Centred: Placing clients and families first.

Patient experience – per cent of inpatients reporting that they are always satisfied with communication with nurses



What is being measured?
The Inpatient Acute Care Patient Experience Survey is part of a surveying process used in Saskatchewan hospitals. Similar surveys are administered in other provinces in Canada. The survey includes questions about admitting to hospital, care received from doctors, nurses and other hospital staff, pain management, meals, room conditions, and leaving the hospital.

A random sample of people who were recently discharged from hospital are selected for the survey, since it is not possible to survey all patients. This measure reflects the percentage of patients completing the survey who answered "always" in response to each of three questions: (1) "During this hospital stay, how often did nurses treat you with courtesy and respect?"; (2) During this hospital stay, how often did nurses listen carefully to you?"; and (3) "During this hospital stay, how often did nurses explain things in a way you could understand?".

Why is it important?
The 'communication with nurses' measure has been identified by patients to be an important aspect of hospital experience and a reflection of the quality of the hospital care they received. Reviewing results in this area allows Saskatoon Health Region to identify areas where the least satisfactory experiences were reported. Plans can then be carried out to help improve these areas. This measure contributes to our understanding of progress towards building a more patient-centred health care system.

How are we doing?
The 2011-12 Q4 results were unavailable at the time of reporting; the February 2012 result is 72.3 per cent of inpatients indicating they were always satisfied with nurses' communication. In the previous four quarters, Region results have been approximately equal to the provincial average, which is 68.8 per cent for Q2. The Region has set a target of 75.3 per cent.

What are we doing about this?
Saskatoon Health Region is committed to improving the care and service experience for patients, clients and residents and their families. We have implemented a client and family centred strategy to enhance relationships, improve clinical outcomes, develop skills and knowledge, and increase empathy and understanding. Our Region has established a Client and Family Centred Steering Team, and four Patient and Family Advisory Councils working in partnership with our staff and physicians to improve the care and service experience. We also offer exceptional service training to all staff.

Initiatives to improve the patient experience include Releasing Time to Care™, which is about nurses and staff working more efficiently in order to spend more time at the bedside with patients, making the ward more organized, and empowering caregivers to improve their workplace to provide better, safer patient care.

Equity: Providing care that does not vary because of personal characteristics and circumstances.

Immunization Disparity Ratio – Measles Mumps Rubella (MMR)

What is being measured?
Equity is defined as providing care on basis of need not influenced by personal characteristics and circumstance. Immunization disparity can be expressed as a ratio comparing the top socio-economic quintile to the bottom quintile. In other words, this compares the wealthiest fifth of our population to the poorest fifth.

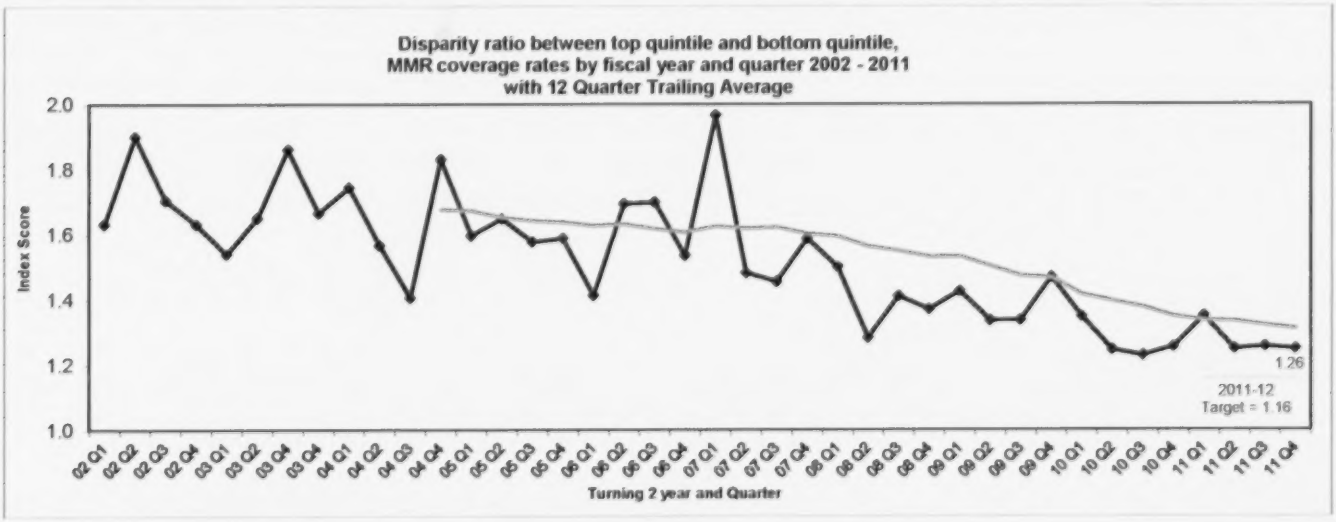
The ratio is calculated by dividing the two year-old measles, mumps and rubella coverage rate in the top socio-economic quintile by the coverage rate in the bottom quintile. A ratio equal to one indicates equity while measures greater than one indicate inequity.

Socio-economic quintiles are based on the Total Deprivation Index. This includes income, employment, education and social support indicators. It is calculated at the Dissemination Area level geography for Saskatoon city only, and cannot be utilized at present for rural Saskatoon Health Region. Immunization rates are calculated for populations in the top and bottom quintiles - 20 per cent of the population.

Why is it important?
Saskatoon Health Region has a mandate to reduce disparities based on the Federal Healthy Living Strategy. Health disparities make it difficult for individuals and groups to participate fully in society. Health disparities are also huge cost drivers which are estimated to account for 20 per cent of all healthcare expenditures.

How are we doing?
The ideal disparity ratio is equal to 1.0, which indicates equality between the upper and lower quintiles or socio-economic groups of population (i.e. no gap). In Saskatoon Health Region the disparity ratio has been decreasing most rapidly since 2007. This signals greater equity in immunization rates. Our 2011-12 target was 1.16, and our Q4 ratio was 1.25.

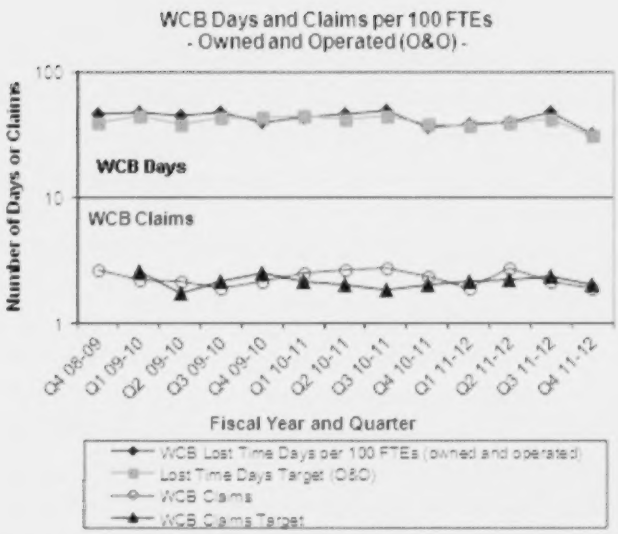
What are we doing about this?
In January 2012, we initiated a targeted pilot campaign to address immunization rates in the lowest socioeconomic neighbourhoods and it has been successful in immunizing some of the hardest to reach families in Saskatoon. In 2012-13, our Community Program Builders will continue to make personal connections and reminders via home visits and phone calls with the hardest to reach families and neighbourhoods.


Disparity ratio between top quintile and bottom quintile,
MMR coverage rates by fiscal year and quarter 2002 - 2011
with 12 Quarter Trailing Average
Index Score
2.0
1.8
1.6
1.4
1.2
1.0
1.26
2011-12
Target = 1.16
02 Q1 02 Q2 02 Q3 02 Q4 03 Q1 03 Q2 03 Q3 03 Q4 04 Q1 04 Q2 04 Q3 04 Q4 05 Q1 05 Q2 05 Q3 05 Q4 06 Q1 06 Q2 06 Q3 06 Q4 07 Q1 07 Q2 07 Q3 07 Q4 08 Q1 08 Q2 08 Q3 08 Q4 09 Q1 09 Q2 09 Q3 09 Q4 10 Q1 10 Q2 10 Q3 10 Q4 11 Q1 11 Q2 11 Q3 11 Q4
Turning 2 year and Quarter

Occupational Health and Safety: The degree to which the risks to employees' physical health, safety and environment have been eliminated.

Lost time WCB days and claims per 100 full-time equivalents (FTEs)

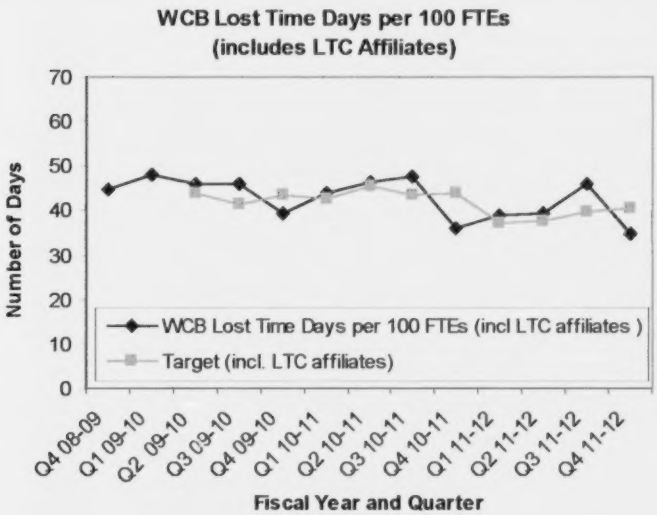
What is being measured?
Two of the three indicators show the number and impact of lost time Workers' Compensation injuries within the owned and operated facilities of the Saskatoon Health Region and St. Paul's Hospital. A third indicator provides lost time WCB days for those facilities plus long term care affiliates. Two effects are shown—severity (Lost Time WCB Days) and frequency (Lost Time Claims).



Why is it important?
WCB usage is a key indicator of the effectiveness of safe work practices in the workplace. The number of claims is decreased by the degree to which safe work practices are successfully carried out. The severity of injuries is positively affected by supportive return to work programs. A strong workplace safety culture also has a positive effect upon patient and resident safety.

How are we doing?
The Region's goal for 2011-12 was to reduce it's lost time WCB days per 100 FTEs by 14.1 per cent over last year. At the end of 2011-12, the Region had reduced both WCB days and claims, but not enough to achieve the target. This was true for owned and operated facilities and when the long term care affiliates were included.

For the owned and operated facilities the total number of lost time claims decreased from 815 to 714, or by 12.39 per cent. Lost time WCB hours per 100 FTEs decreased by 10.87 per cent for the owned and operated facilities. Including the long term care affiliates, the overall decrease was 8.02 per cent.



What are we doing about this?
As the Region enters the next fiscal year employee safety continues to be a major strategic focus. With an understanding that all workplace injuries are unacceptable, the goal will be to strive for zero injuries.

To reach that objective we will focus on strengthening and enhancing the Region's safety management programs through effective follow-up of Department Safety Profile Action Plans, site Occupational Health Committee development and all staff being accountable for their role in promoting a safe workplace and safe workplace practices.

Health and Lifestyle Practices: The degree to which healthy lifestyles are enabled and supported in the work environment and practiced by employees.

Paid sick hours per full-time equivalent (FTE)

What is being measured?
The number of paid sick time hours per FTE used by employees within the owned and operated facilities of the Saskatoon Health Region and St. Paul's Hospital. Full time equivalents (FTEs) are calculated by dividing the total number of paid hours in a quarter by 487.5, which is the average number of base paid hours for a full time employee over three months.

Why is it important?
Sick leave is an indicator of the health of the workforce of an organization. Sick leave also imposes costs that include replacement costs for sick employees, delays in the provision of services and increased work for other employees.

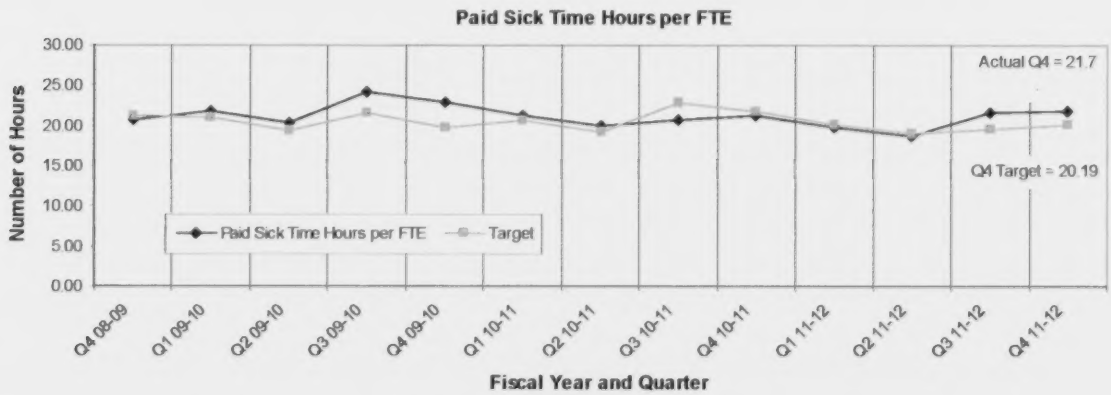
Not all sick leave is preventable but, through the use of initiatives such as workplace wellness programs and employee immunizations, reductions in employee illness can be achieved.

How are we doing?
The objective for this fiscal year was to achieve a reduction of sick leave usage by 5.2 per cent compared to the 2010-11 fiscal year.

By the end of this fiscal year the usage of sick time had decreased by 1.54 per cent - from 83.13 to 81.84 hours per paid FTE.

What are we doing about this?
The Region provides programs to support employee heath including healthy workplace programming and a "flu" immunization program.

Sick time use by individual employees is addressed when it is above peer averages and supports offered when appropriate. Job postings require good attendance, sick leave use comparisons are included on pay stubs and supports are in place to assist managers in addressing absenteeism.



Supportive Workplace: The degree to which employees are able to use their talents and resources fully while enjoying their work and workplace relationships.

Representation of aboriginal staff in Saskatoon Health Region

What is being measured?
The percentage of Saskatoon Health Region staff who have voluntarily identified themselves as people of Aboriginal ancestry. The staff work at facilities owned and operated by the Region and at St. Paul's Hospital.

Because self-identification is voluntary, the reported representation is likely lower than the actual number of Aboriginal staff working in the Region.

Why is it important?
Aboriginal people are a significant and growing part of Saskatoon's population. The Region needs a workforce that is representative of the community it serves. A representative workforce will increase the capacity of the Region to better serve the community by involving more Aboriginal people in the provision of care and in decision making.

How are we doing?
The Region's objective is to have a workforce representative of the working age population of Aboriginal people in Saskatchewan. This representation will be reflected at all levels and occupations.

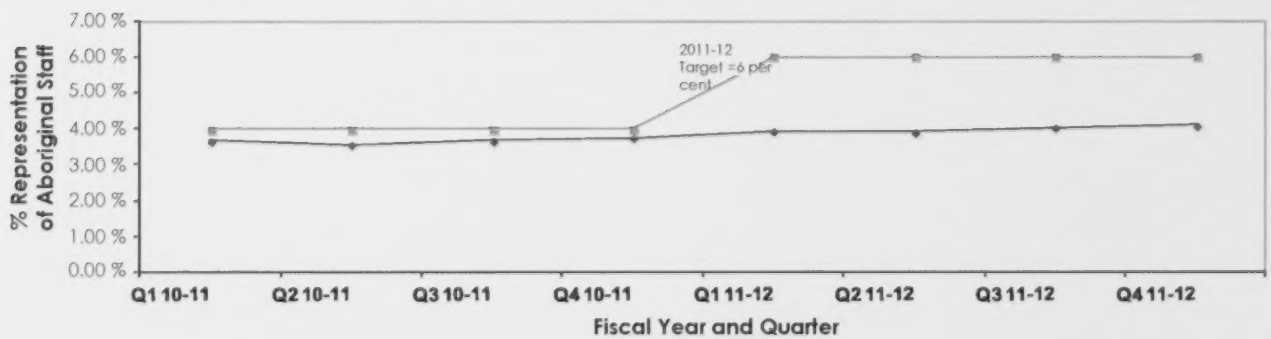
By March 2014 the goal is to have 10 per cent of the Region's workforce made up of Aboriginal employees. The interim target for March 2012 was 6 per cent and was not achieved. The Region reported 4.1 per cent representation of Aboriginal staff at the end of March 2012.

What are we doing about this?
Saskatoon Health Region's strategy for increased representation – *Awaken the Power of Change* – recognizes the challenges of improved representation and of changing organizational culture. It created a number of key actions to support improvement.

The Region has a Representative Workforce unit that is engaged in a number of activities to increase the representation of Aboriginal staff. This includes focussing on the retention of existing staff and increased recruitment of new employees.

The establishment of partnership agreements with First Nations and Métis organizations will provide greater access for Aboriginal people interested in employment with the Region.

Representation of Aboriginal Staff



Strategic Direction: Transform the Work Experience and Transform the Care and Service Experience

Learning: The degree to which individuals obtain, create, share and apply knowledge in order to improve the work environment and improve personal and organization effectiveness.

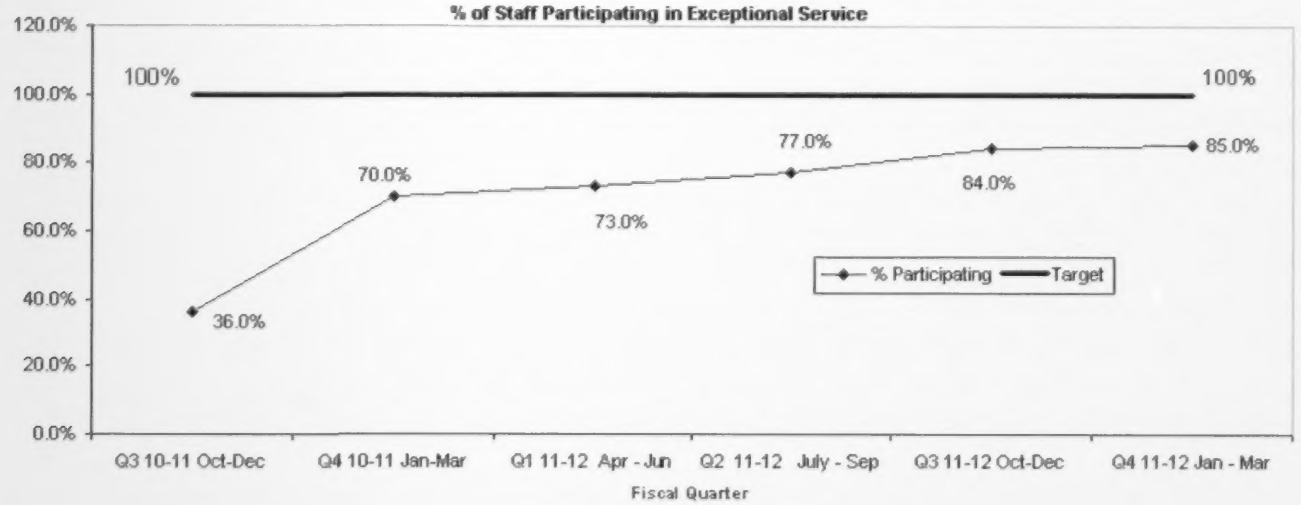
Percentage of staff trained in Exceptional Service

What is being measured?
The percentage of staff working in the owned and operated facilities of the Saskatoon Health Region and in St. Paul's Hospital who have participated in a session, training them on the concepts of exceptional service. Information is collected on employees who have participated in any of several orientation programs. Employees are counted if they are active, not on a leave of absence and if they have a casual home position that they have worked in the last six months.

Why is it important?
Employees of the Region are dedicated to providing quality care and service. A 2008 provincial survey found that a majority of patients did not feel that the system always treated them in a respectful and caring manner. Offering training to the concepts of exceptional service provides individuals and teams with an opportunity to reflect on how they can contribute to a positive care or service experience and commit to the service expectations of our clients. This type of awareness reinforces commitment to the organizational values of Respect, Compassion, Stewardship and Collaboration. It connects the work of individuals to the big picture—the Region's vision.

How are we doing?
The objective was to have 100 per cent of staff participate in a session. By the end of the 2011-12 fiscal year 85 per cent of eligible staff had participated in one or more sessions on exceptional service.

What are we doing about this?
An Exceptional Service program is made available to all employees. It is delivered online, as a facilitated team session, woven into projects such as Releasing Time to Care™ or as a self-directed paper based exercise. This program is built on four approaches: Healthy Workplace, Quality and Safety, Client and Family Centered Care and Cultural Competency/Representative Workforce. This training is a part of our new employee orientation. Exceptional Service training has laid the foundation for the Region's lean work, which is designed to enhance the patient experience. All staff are expected to enroll in a full-day Kaizen Basics course, a full day workshop to introduce our staff to the concepts and techniques of lean. Managers will continue to encourage staff to participate in Exceptional Service awareness training, however the Kaizen Basics course will be the new norm of service training for the remaining 15 per cent that haven't taken Exceptional Service.



Resource Allocation: The extent to which resources are being utilized appropriately and efficiently (resource mix).

Overtime hours per full-time equivalent (FTE)

What is being measured?
The number of overtime hours, including paid and banked, used per FTE in the owned and operated facilities of the Saskatoon Health Region and St. Paul's Hospital. Full time equivalents (FTEs) are calculated by dividing the total number of paid hours in a quarter by 487.5 which is the hours that would be paid to a full time employee over three months.

Why is it important?
Overtime hours are paid at premium rates which increases the cost of providing services. Employees who work excessive amounts of overtime can experience negative health effects as well as presenting risks to the care of patients and clients. Overtime hours are a measure of how efficient an organization is utilizing its people and an indicator of the health of the workplace.

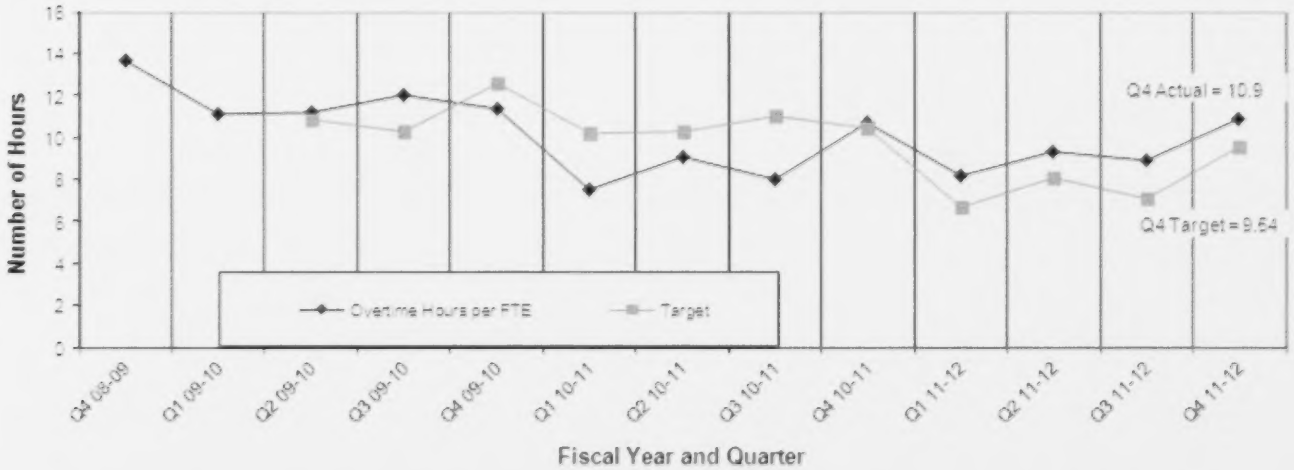
Given a 24 hour, seven days per week operation and the critical nature of health care delivery some overtime is required to ensure that care can be provided when needed.

How are we doing?
The objective for 2011-2012 was to reduce overtime usage by 10.8 per cent over the previous fiscal year. Over the last fiscal year the usage of overtime increased over the year from 35.5 hours per FTE to 37.4 hours for this year. This was an increase of 5.47 per cent. While this year ended with an increase, there has been an overall decrease in overtime use of 18.2 per cent over the last two fiscal years.

What are we doing about this?
Overtime use is monitored to ensure that it is being used and assigned appropriately. A number of areas with high rates of overtime use have been identified and additional attention and support is being provided to determine if overtime use can be reduced.

At the end of the fiscal year planning was underway for a major Kaizen event that will seek to improve the efficiency and effectiveness of staff scheduling. One of the outcomes of this process should be a reduction in unnecessary overtime.

Banked and Paid Overtime Hours per FTE



Financial Capacity: The ability to achieve a desired financial result; achieving targeted outputs while minimizing required inputs.

Year-to-date operating budget variance (YTD variance as a percentage of budget)

The annual operating budget for 2011-12 was $998.8 million. This equates to spending $2.7 million per day to meet the health needs of the community. Overall 92.7 per cent of the operating revenue was provided by funding from the Ministry of Health. About 69 per cent of the operating funding was spent on providing services to patients and residents in our facilities, 12 per cent on community-based, primary health, home care and mental health services, 13 per cent on operational support, and 6 per cent on program support and administration. In 2011-12 salaries and benefits accounted for approximately 78 per cent of the spending.

Saskatoon Health Region's operating results for the year ended March 31, 2012, reflect a deficit of $7.1 million. This is equivalent to 0.68 per cent of the overall budget or approximately 2.5 days of operation. The final year-end deficit is primarily the result of ongoing volume pressures within our acute care facilities and support services such as Pharmacy, Medical Imaging and Laboratory Medicine. The mid year closure of our laundry facility and reconfiguration of laundry services also resulted in $1.7 million of additional costs. Compared to the previous year, inpatient days increased by 3.3 per cent (8,551 days), newborn days were up 3.2 per cent (553 days), and emergency visits increased by 1.4 per cent (1,628 visits). Alternate level of care days increased 13.8 per cent (1,907 days) in 2011-12 compared to the previous year.

The Region experienced additional labour costs, primarily in the areas of overtime, sick time, and orientation costs. Total paid sick hours increased from last fiscal year by 0.9 per cent, paid overtime hours increased by 9.4 per cent, orientation hours increased by 9.9 per cent, and total paid full time equivalents increased by 2.6 per cent.

The capital revenue for 2011-12 was $21 million. Overall, 15 per cent of the capital revenue was provided by funding from the Ministry of Health. The remainder of the funding was provided by various sources such as the four hospital foundations and investment income.

Approximately 46 per cent of the capital spending was spent on medical equipment, diagnostic imaging equipment and information technology while 54 per cent was spent on capital and infrastructure projects.

Resourcing for Strategic Objectives/SOD

Many of these initiatives can be achieved through on-going operations. The following table lists internal allocation of resources to achieve components of various initiatives requiring incremental resources:

Top 5 Areas of Focus from Straegic Plan/SOD	Amount ($000)
Surgical Information System	135
RUH Renovations to Enhance Capacity to Respond to Surges	100
Regional Falls Coordination	100
Staff Safety	367
Children's Hospital of Saskatchewan – Support IT and Patient Scheduling	200
Total	**902**

- Surgical Information System: Modest project management support and workstations.
- RUH Renovations: Renovations to two areas to create a more beds for surge capacity.
- Regional Falls Coordination: Staff to support this initiative.
- Staff Safety: Implement Region plan to reduce WCB time lost which includes two safety associates to support Occupational Health Committees and replacement costs for staff who are on OHC committees.
- Children's Hospital of Saskatchewan Planning: 1 FTE for registration and patient scheduling, plus 1 FTE IT/e-health.

Other Initiatives from Strategic Plan/SOD:	Amount ($000)
Breast Health Expansion	300
Complex Continuing Care Implementation: ED Screener	75
Releasing Time to Care™	300
Home Care Redesign Program Manager	100
Resources to Implement Nurse Call System	150
Total	**925**

- Breast Health Expansion: Additional operational staff.
- Complex Continuing Care Implementation: Emergency Department (ED) screener to identify frequent users of the ED to look for ways to provide care that reduces the use of acute care.
- Releasing Time to Care™: Additional support to ensure ongoing success of this project.
- Home Care Redesign: Program manager to coordinate these initiatives and help achieve progress in this large project.
- Nurse Call System: This is a large enterprise-wide project that needs resources to be properly implemented.

Other Investments:

Saskatoon Health Region decided to set aside funding to invest in a number of new or enhanced programs or supports for clinical pressures:

Investment	Amount ($000)
Paediatric Respirology Program	85
EMS Investment	750
Endovascular Expansion	200
Black Belts for Lean	600
Community Services Investment	700
Health Information - Health Information Management Practitioners	150
IT Security Position - From Audit Recommendations	118
Financial Management Advisor	103
Housekeeping FTEs to Prevent Spread of Infections	171
Physician Leadership and Executive Structure	400
Physician Human Resource Plan	250
Total	**3,527**

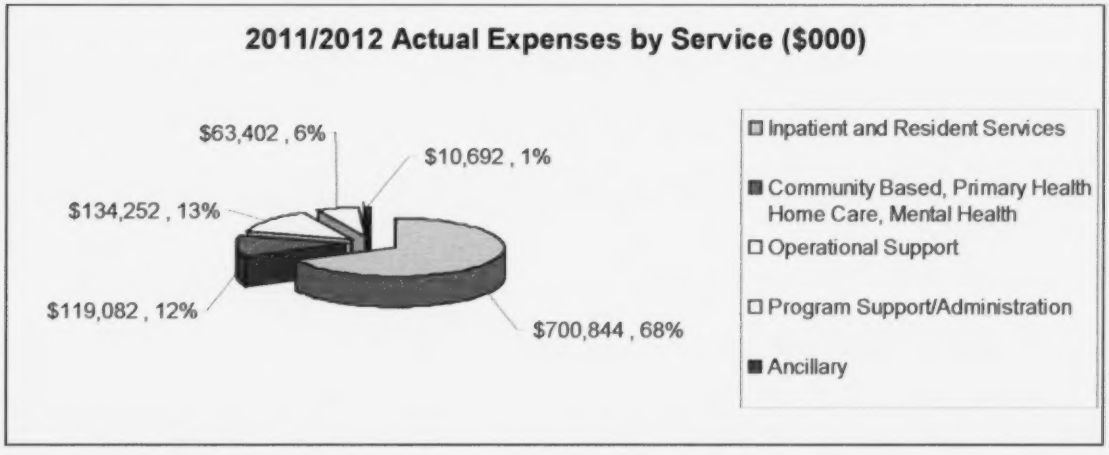
Management Report

The annual operating budget for 2011-12 was $998.8 million. This equates to spending $2.7 million per day to meet the health needs of the community. Overall 92.7 per cent or $946 million of the actual operating revenue was provided by funding from the Ministry of Health. About 68 per cent ($701 million) of the operating funding was spent on providing services to patients and residents in our facilities, 12 per cent ($119 million) on community-based, primary health, home care and mental health services, 13 per cent ($134 million) on operational support, six per cent ($63 million) on program support and administration and one per cent ($11 million) on ancillary operations. In 2011-12 salaries and benefits accounted for approximately 78 per cent ($800 million) of the spending.

The Region's operating results for the year ended March 31, 2012, reflect a deficit of $7.1 million. This is equivalent to 0.68 per cent of the overall budget or approximately two and a half days of operation. The final year-end deficit is primarily the result of ongoing volume pressures within our acute care facilities and support services such as Pharmacy, Medical Imaging and Laboratory Medicine. The mid year closure of our laundry facility and reconfiguration of laundry services also resulted in $1.7 million of additional costs. Compared to the previous year, inpatient days increased by 3.3 per cent (8,551 days), newborn days were up 3.2 per cent (553 days), and emergency visits increased by 1.4 per cent (1,628 visits). Alternate level of care days increased 13.8 per cent (1,907 days) in 2011-12 compared to the previous year.

The Region experienced additional labour costs, primarily in the areas of overtime, sick time, and orientation costs. Total paid sick hours increased from the previous fiscal year by 0.9 per cent, paid overtime hours increased by 9.4 per cent, orientation hours increased by 9.9 per cent, and total paid full time equivalents increased by 2.6 per cent.

Approximately 46 per cent ($27 million) of the capital budget was spent on medical equipment, diagnostic imaging equipment and information technology while 54 per cent ($32 million) was spent on capital and infrastructure projects.



Looking to the future

Children's Hospital of Saskatchewan

In 2011-2012, Saskatoon Health Region completed an important milestone in the creation of the province's new maternal and children's hospital. Saskatoon Health Region will own and operate Children's Hospital of Saskatchewan (CHS) which will be located in Saskatoon and joined to Royal University Hospital. The Health Region is leading the planning, design and construction of the facility.

In this past year, CHS completed its schematic design for the new facility and has submitted a Schematic Design Report to the Ministry of Health for approval. Schematic design outlines the basic floor plan for the new facility including the overall layout of each floor and the location of services.

To achieve this, more than 200 staff and physicians, along with patients and families, have worked extremely hard to create floor plans that focus on improving the care and service experience for patients and families. At the core of this work was a new methodology to Saskatchewan and Saskatoon Health Region called Lean. Lean focuses on examining the way care is delivered today, determining where the waits (wastes) for patients are, and developing improved processes to eliminate those wastes. Initial work by the teams through schematic design workshops and lean work brought forward many enhancements to the original plans for the hospital including increased diagnostic imagining and appropriately sized patient rooms to support family-centred care.

In the fall of 2011, faced with a challenge to reconcile available funding to build the new facility with the cost associated with the latest schematic design, Saskatoon Health Region embarked on an innovative way to examine how to best design the hospital by digging even deeper into our processes including the way care should be delivered in CHS and reduce construction costs as a result of improved efficiency. This work first focused on two months of intensive data collection where staff hit the hallways of Royal University Hospital with stopwatches to time patients as they moved through their care experience. This allowed the Health Region to develop a detailed and accurate map of how patients are moving through the facility today, where they are waiting, and how many stops they have to receive care today.

This work set the stage for two 3P (production preparation process) events. During week long events in a north Saskatoon warehouse, teams of staff and physicians, patients and families, examined the data and patient maps and identified needed process improvements to create a better experience for patients and families. They used these identified process improvements to then create design concepts for each clinical area in the new hospital. That led into the creation of two dimensional (2D) floor plans to three dimensional (3D) table top mock ups of each unit, along with full scale mock ups of certain rooms. The end result was a new schematic design concept for the maternal and children's hospital.

After taking the table top models to Royal University Hospital where additional input from other staff and physicians was provided, architects worked to translate the teams' concepts into a schematic design for the hospital. The teams then met again with architects and checked the translation to ensure their concepts and ideas were maintained in the revised floor plans. With this work completed, the Schematic Design Report was finalized with the inclusion of an updated cost estimate and additional technical information on the project.

The result of this work is a schematic design that focuses on improving the patient and family experience through improved flow of patients and families, clinicians, equipment, supplies, information and medications. The goal is to increase patient safety while reducing wait times and the number of stops a patient makes and hand-offs between care providers.

This work has now set the stage for transformational change across Saskatoon Health Region. The process improvements identified in the 3P events have begun to be implemented. This work is evolving in the form of Rapid Process Improvement Workshops (RPIWs), another tool within Lean methodology. This work has already resulted in improvements to the way maternal patients are registered to reducing the time it takes to preparing an operating room. The RPIW events, along with other work in supply management and mistake-proofing, will continue to occur throughout the next four years and beyond.

In parallel to the work on the basic floor plans, teams have been examining what equipment will be needed within the new facility. A preliminary equipment list for CHS has been developed based on the schematic design balancing what exists today that will come over to CHS and what will be purchased new. As the teams move into the next phase of the design, the equipment requirements will become more refined as we continue to evolve the design. This includes conducting week-long equipment review meetings with physicians and staff.

The CHS project team recognizes the importance of including more patients and families in the design process. A detailed community engagement strategy has been developed to ensure additional voices from patients and families, including children and teenagers are heard. Part of this strategy included an online survey polling members of the public with respect to what they feel the services should be located in the main lobby space in addition to what they feel the space should look and feel like. This resulted in 441 completed surveys with representation from across the province. The data and comments have provided the team with a wealth of information that will guide the further development of the main lobby space.

Members of the project team will also visit key northern Saskatchewan communities to engage families and students in the design of the CHS. While the team is not able to visit a large number of communities due to project schedule and resources, strategic locations were selected based on utilization statistics of pediatric and maternal services, and considering recommendations from the province's Patients First Review. The northern tour will cover four communities and will focus on a combination of school design workshops and an open community workshop.

The feedback from these sessions, and other engagement tools, will feed into the next phase of design called Integrated Design Development. During this phase, teams begin to look at the details of each space from how patient rooms should be set up, integrating aspects such as where electrical and mechanical components within the rooms should be located and how family spaces should look and feel.

The first of four scheduled Integrated Design Development workshops has occurred. Over the course of a week, team members from the various service areas of the CHS met with architects and planners to begin working out the details of the individual rooms including layout of the furniture and equipment. This work is scheduled to be completed in the fall of 2012 with construction documents drawn up through early 2013 and construction scheduled to start in late 2013/early 2014. The hospital is scheduled to open in late 2016.

Rural Emergency Department Occupancy and Alternative Solutions

A number of rural communities experienced a shortage of physicians in Saskatoon Health Region in 2011-2012. These shortages affect communities and their ability to access primary physician services. The Region has worked closely with these communities to recruit and retain physicians.

As a result of a lack of physician resources, Wakaw Hospital's Emergency Department was closed. In 2010, when physician numbers declined further and no prospects of recruitment were on the horizon, the Region converted the hospital to a health centre which is functioning as a primary care site today.

Wadena and Wynyard also have experienced reduced physician numbers and came up with an innovative strategy to share emergency department on-call schedules between the two sites. Each week, one site's emergency department remains open while the other goes on bypass, and they switch the next week. This arrangement has allowed the Region to maintain emergency services in this general area while continuing recruitment efforts for physicians.

The Watrous area has also seen a disruption in physician services resulting in both the inpatient and emergency departments to close. This has affected our volumes in that community as well. There are prospects for three physicians to move to Watrous by the fall of 2012 at which time we hope to re-open these services.

Overall, physician resources are a huge concern in all of our rural communities. We are struggling with recruitment and retention. Physicians that are working in our rural communities are finding the workload very challenging. We are continually working on innovative ways to recruit and retain physicians. We are also exploring various alternatives for service delivery.

Per cent of Days Rural ER on Bypass

	Q1 10-11	Q2 10-11	Q3 10-11	Q4 10-11	Q1 11-12	Q2 11-12	Q3 11-12	Q4 11-12
Per cent of days ER on bypass	2.0 per cent	14.4 per cent	14.5 per cent	14.5 per cent	0.5 per cent	11.3 per cent	33.0 per cent	34.7 per cent
Per cent of occupancy	70.8 per cent	70.5 per cent	68.0 per cent	66.9 per cent	65.5 per cent	68.3 per cent	61.5 per cent	65.5 per cent

Central Line Infections

In June 2010 the Critical Care department implemented the *Safer Healthcare Now!* bundle for insertion and maintenance of central lines to reduce the incidence of central line associated blood stream infections.

Central line carts were established in each of the units stocked with all of the supplies required to insert a central line. Education was provided to physicians and RNs on components of the insertion and maintenance bundles. Insertion checklists were developed and staff were asked to complete so that compliance with the insertion bundle could be measured. Components of the central line insertion bundle include:

- Hand hygiene on insertion
- Chlorhexidine skin antisepsis on insertion
- Maximal barrier precautions on insertion
- Staff initially completed daily tracking sheets to measure compliance with the maintenance bundle of the Central Line Associated Blood Stream Infections. We now do monthly audits to measure compliance with the matenance bundle. The components of the maintenace bundle include:
    - Daily assessment of line necessity and prompt removal of unnecessary lines
    - Dedicated lumen for TPN
    - Accessing the lumens aseptically
    - Checking entry site for inflammation with every change of dressing

	Q1 2010-11	Q2 2010-11	Q3 2010-11	Q4 2010-11	Q1 2011-12	Q2 2011-12	Q3 2011-12	Q4 2011-12
RUH ICU	1	0	0	0	0	0	0	0
SPH ICU	1	0	0	0	1	1	0	0
SPH PCU/VTU	0	0	0	0	0	0	0	0
Total	**2**	**0**	**0**	**0**	**1**	**1**	**0**	**0**

Kaizen Promotion Office

Saskatoon Health Region is adopting Lean as the foundation for its Kaizen system – this is happening both within our health region and in health regions across the province. We will be building on our successes in quality improvement and will take a disciplined approach to applying Lean tools, methods, and philosophies to all of our improvement work. This will not only change the way we plan and implement improvement work, it will also change the way we manage and lead in our organization.

Based on leading practice in lean management systems, both in health care and other industries, we are establishing a Kaizen Promotion Office as part of the infrastructure that is critical to a successful Lean transformation.

The Kaizen Promotion Office will bring together people from within the organization who have expertise in planning and quality improvement. The Kaizen Office will have many functions and will work hand-in-hand with our expert advisors, John Black & Associates, to train, coach and develop Lean leaders within our organization. The Improvement Office will also support the organization's leaders in planning and implementing Kaizen work, including regular Rapid Process Improvement Workshops beginning in March 2012. These workshops are one-week events, led by Lean Leaders in the Region and supported by the Kaizen Office, that will bring together patients and family members, staff, and clinicians to improve processes and reduce waste in many different areas throughout the organization.

One of the most important functions of the Kaizen Promotion Office is to support the organization's leaders in becoming successful Lean leaders. It is the Lean leaders, not the staff within the Improvement Office, who will lead the improvement work, from the early stages of planning and data collection, to working with teams to implement improvements, and to monitor and sustain the changes over the long-term.

We recognize that the structure and functions within the Kaizen Promotion Office, and how these integrate with other leadership functions in the organization will evolve over time. We will need to be flexible and responsive as health regions across the province deploy their new strategic plans, and as Saskatoon Health Region reorganizes along value streams and service lines. We also recognize that there is urgency to begin the improvement work that was identified through the Lean planning and 3P events for the Children's Hospital of Saskatchewan. We needed to begin this work without delay to support the innovative ideas that came from the patient and family advisors, staff, and physicians who were involved with the 3P design process. We will begin our improvement work through a series of Rapid Process Improvement Workshops, starting in March 2012, and will begin improving our processes so that we can successfully transition into the Children's Hospital of Saskatchewan in 2016.

Saskatoon Poverty Reduction Partnership

The Saskatoon Poverty Reduction Partnership (SPRP) is a group of partners organized to create a meaningful, inclusive and concrete local plan to increase our community's well-being. Business people, community based organizations, government, faith communities, researchers, and people living in poverty agree that we need to work together, across our differences, to find sustainable solutions that will build a vibrant community. The foundation of the SPRP is community leadership, recognizing that poverty is an issue that cannot be addressed by any one agency or sector acting on its own.

The vision of the SPRP is the sustained individual and community well-being of all people in Saskatoon. The mission statement that guides their work defines what reducing poverty means to them: Creating conditions which enable all members of our community to develop their talents and abilities, to actively participate in economic and social life, and to enjoy a good standard of living on a sustainable basis.

Saskatoon Health Region has played a key role in bringing together the Saskatoon Poverty Reduction Partnership, towards a multi-year approach with concrete measurable targets, broad support and an evaluation plan. Region staff members were co-chairs of the Leadership Group and the Coordinating Group. Region staff members participated actively in the monitoring and evaluation working group, the raising awareness working group, and the housing first working group. Region staff members provided support for those with lived experience to participate in the Leadership and Coordinating Groups, and the Community Roundtables.

In 2011-12, the SPRP achieved the following milestones:

- Community Roundtables are an important tool for connecting into the broader network of community partners. This past year's Community Roundtables were a co-hosted event between the SPRP and the CUISR (Community-University Institute for Social Research) Quality of Life Forum, and a Café Scientifique (with funding from CIHR) with keynote speaker Senator Hugh Segal. Almost 200 individuals from across the health region gathered at these two events to discuss the recent Quality of Life survey results, actions to improve health equity in our community, and to take action to improve access to resources for income and safe and affordable housing.

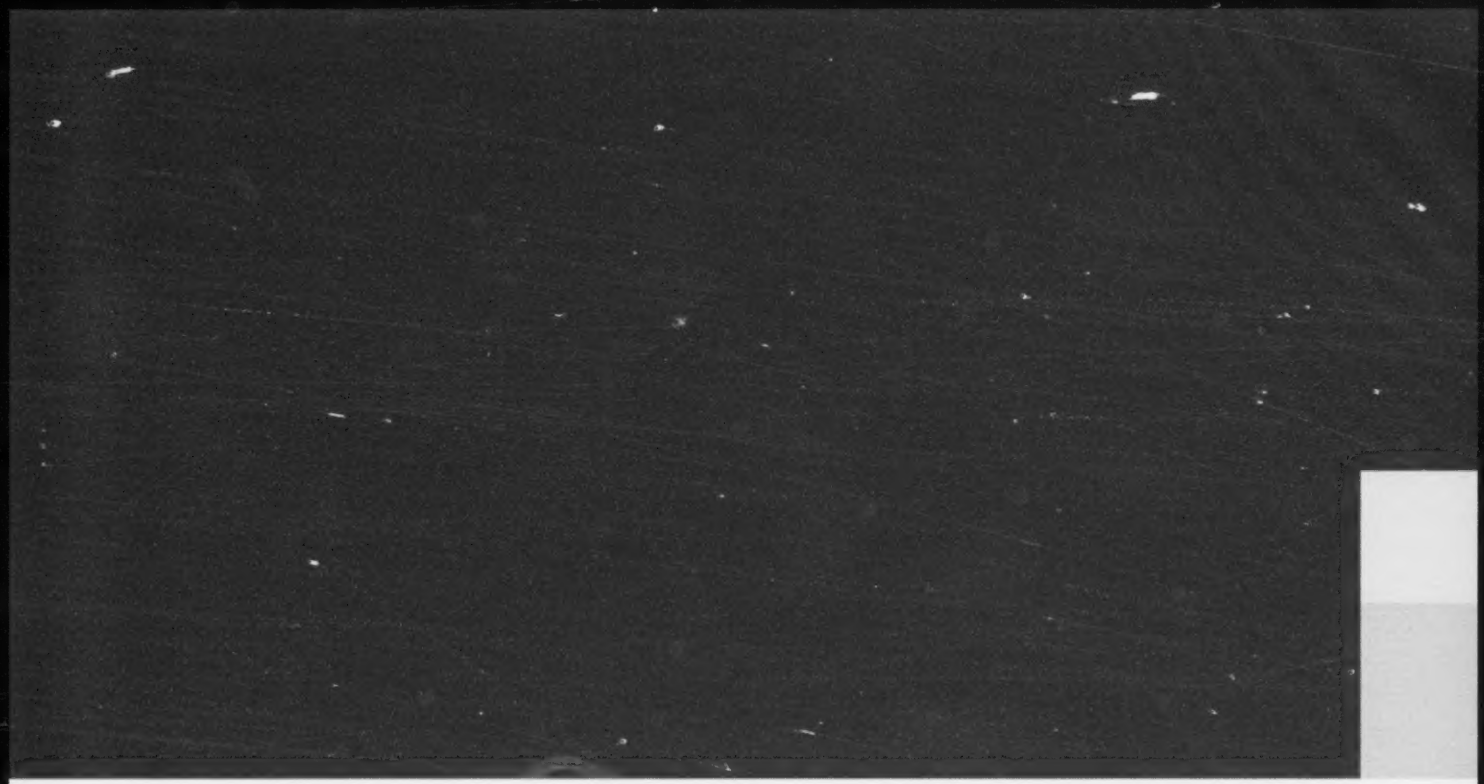
- In December 2011, the SPRP released a key document to help inform our community's conversations and decisions. "From poverty to possibility ... and prosperity" (SPRP, 2011) introduced the framework for developing a Community Action Plan to reduce poverty and provided an overview of current action in the city of Saskatoon, as well as, presented a core set of indicators that will be regularly monitored by the SPRP.

- One of the SPRP working groups is focused on raising awareness of poverty and its impacts on health. This working group organized the Food Basket Challenge which took place between September 12 and 20, 2011. Thirteen high-profile people in Saskatoon (including Region CEO Maura Davies) attempted to live off a food basket from the Saskatoon Food Bank for up to one week and share their experiences online. The food basket itself is a tool to spark meaningful conversation about poverty issues that limit opportunities for our community. The honesty and insight shared to the community was deeply personal, creating a powerful forum for having hard conversations. A second campaign is planned for fall 2012.

- The raising awareness working group also supported a group of people with lived experience of poverty to develop their skills in community engaged theatre, culminating with a performance at PAVED Arts: Up and Out of Poverty. The goal of the production was to generate discussion and thought about the complex realities of poverty in Saskatoon.

- Another of the SPRP working groups is focused on Housing First (moving homeless individuals/families immediately into stable housing prior to or at the same time as addressing underlying issues). In November 2011 the working group organized to bring Tim Richter, President and CEO of the Calgary Homeless Foundation, to speak to two packed rooms of community leaders. Subsequently, the working group has continued to move forward with developing a plan to end homelessness in Saskatoon.

The SPRP Leadership Group is currently exploring new priorities and working groups for 2012-13. It is their intent, where needed, to: 1) Lead, Organize and Facilitate – act as a catalyst to re-orient organizations, services and policies to address poverty, and facilitate community connections; 2) Build Awareness – build community awareness of and response to poverty; 3) Collaborate across Sectors – build a common strategic vision, plan and language to express across sectors; create a hub to streamline coordination and support for those working to reduce poverty; build strong connections with related work provincially and nationally.



Saskatoon Health Region

Level 2 Administration
Saskatoon City Hospital
701 Queen Street
Saskatoon SK S7K 0M7
(306) 655-7500

General.Inquiries@saskatoonhealthregion.ca

For a list of payees, suppliers and other appendices, please visit **www.saskatoonhealthregion.ca**.